



Warwickshire County Council.

ANNUAL REPORT

OF THE

COUNTY MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1968

September, 1969.

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OFFICE OF THE COUNTY MEDICAL OFFICER OF HEALTH,
COUNTY HEALTH DEPARTMENT,
SHIRE HALL,
WARWICK.

(Telephone : Warwick 43431).

MR. CHAIRMAN, LADIES, AND GENTLEMEN,

I have the honour to report on the health of the County for the year 1968.

First I should like to welcome the new Chairman and Deputy Chairman of the Health Committee—Alderman PARROTT and Alderman Mrs. BANKES-PRICE. At the beginning of the year the Sub-Committees of the Health Committee were rearranged in such a way that the five Sub-Committees were reduced to two—namely the Health (Nursing and Mental Health Services) Sub-Committee and the Health (Ambulance and General Services) Sub-Committee. The new scheme has worked well and has saved the time of members, although there were certain times in the year when the amount of business was so heavy that the meetings were prolonged.

The live birth rate for the County remained steady at 17.2 although the rate for England and Wales fell to 16.9. The total number of births in the County was 10,641. This is an increase of 358. Of these extra births 226 occurred in Meriden Rural District and were undoubtedly due to the rapid growth of population in the Chelmsley Wood Area. This area has caused an increase in population for the County, and the estimated mid-year County population was 13,880 higher than the mid-year figure for 1967.

It is pleasing to be able to report that the stillbirth rate of 12.3 per 1,000 live births was one of the lowest ever recorded in the County. The infant mortality rate (deaths during first year of life) has remained steady. The perinatal mortality rate (stillbirths plus deaths in the first week of life per 1,000 total births) was 23.5 which, with the exception of 1965 (23.3) is the lowest recorded.

The tests applied to midwifery care are the perinatal mortality rate and the maternal mortality rate. Unfortunately I have to report that there were four maternal deaths during the year directly attributable to childbirth. All these occurred in hospital—two in Sutton Coldfield, one in Coventry and one in Rugby. One of the deaths was due to cardiac arrest during a Caesarean operation; the other three deaths were caused by toxæmia of pregnancy and it is regrettable that 1968 had the highest death rate from this condition for the last ten years, there having been only one in 1962 and one in 1965.

The proportion of domiciliary deliveries has fallen from 33% to 29% this year, but early discharges from hospital have risen from 45% to 47½%.

In Circular 1/69 the Minister has asked for information on the following subjects and these are reported upon in detail in the body of the Report :—

(a) the co-ordination and co-operation of the Health Department's services with the hospital and family doctor services, including attachment or liaison schemes between the Health Department's domiciliary staff and family doctors;

(b) progress on the scheme for notification to Medical Officers of Health of congenital defects apparent at birth;

(c) action taken by the Council under Circulars 12/63 and 24/68 on the fluoridation of the public water supplies;

(d) review of progress since the issue of Circular 11/59 in the provision of a chiropody service to meet the needs of the elderly, the physically handicapped and expectant mothers.

During the year two government publications appeared. They were the Seebohm Report (the report of the Committee on Local Authority and Allied Personal Social Services) and the Minister of Health's Green Paper on the Administrative Structure of the National Health Service.

There were points of conflict between them as to what should be the future of the Local Authority Health Services, the Seebohm Report urging the transfer to a new Social Services Department of a large proportion of the present work of the Local Authority Health Department and the Green Paper advocating a unified medical service which would embrace the work of hospitals, executive councils and local authority health services. It will be realised, however, that the implementation of either or both of the reports would radically affect the present concept of the local authority health services and both reports suggested that these services were in need of improvement.

In view of this criticism the time seems opportune to review the work of the Health Committee of this Authority. Its achievements over the past few years are referred to in the text and illustrated where appropriate by photographs.

I am grateful for the help and guidance which I received during the year from the Chairman and Deputy Chairman and Members of the Committee, and for the co-operation of my hospital and general practitioner colleagues.

I am indebted to those members of the staff who have assisted with the preparation of this Report, and to all members of the staff I extend my sincere thanks for their loyalty and support, particularly at a time when their future as members of a local authority health department has become so uncertain. I sympathise with them also, particularly with the field workers, in that their work has been depreciated—especially by the Seebohm Committee. In my view such depreciation is quite unjustified in this County, where members of the health department have given a highly efficient, economic and sympathetic service to the public and where the Health Committee has shown a genuine understanding of problems and has never failed to develop the services within the financial limitations imposed on it.

If there have been certain authorities which have been slow to provide adequate services this would not seem to justify a general upheaval. The alternative is to bring those authorities which are alleged to be dilatory up to the standard of the efficient ones. There are two kinds of change—that which is necessary and that which is made merely for the sake of change. The criteria should be :—

- (1) Is the present structure *in its entirety throughout the country* unsound and incapable of being improved?
- (2) Does the new structure offer improvements upon the old one and is it capable of even further development?

G. H. TAYLOR, M.D., D.P.H.
County Medical Officer of Health.

Shire Hall,
Warwick.

STAFF OF THE COUNTY HEALTH SERVICE

(at time of going to Press).

County Medical Officer of Health and Principal School Medical Officer:

Dr. G. H. Taylor, M.D.(Lond.), D.P.H.

Deputy County Medical Officer of Health and Deputy Principal School Medical Officer:

Dr. C. M. D. Edmonds, M.B., B.S., D.A., D.P.H.

	<i>Medical Officer</i>	<i>Assistant County Medical Officer</i>
Sutton Coldfield M.B. (Delegated Powers)	J. R. Preston, M.B., Ch.B., F.R.F.P.S., D.P.H. (Glas.). Deputy—Vacancy.	(I. M. S. Nichols, M.B., Ch.B., D.P.H. retired 31.7.69). O. N. Rastogi, M.B., B.S., T.D.D. 1 Vacancy.
Nuneaton M.B. (Delegated Powers)	G. Dison, L.R.C.P., L.R.C.S., L.R.F.P. & S., D.R.C.O.G., D.P.H. (Edin.). Deputy—N. S. Turnbull, M.B., Ch.B., D.T.M. & H., D.P.H.	1½ Vacancies.
Atherstone/Bedworth Area	E. M. Hughes, M.B., Ch.B., D.P.H.	R. G. Dawson, M.B., Ch.B. (M. Steane, M.B., Ch.B., D.P.H., resigned 31.8.69). 2 Vacancies.
Eastern Area	D. J. Jones, B.Sc., M.B., Ch.B., D.P.H. (Cardiff).	J. M. Felce, M.B., B.S. 1½ Vacancies.
North-Western Area	J. E. Pearson, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H. Deputy—A Cusack, B.A., M.B., Ch.B., B.A.O., D.P.H.	G. C. B. Hawes, M.B., B.S. L. M. Ellis, M.B., Ch.B., D.R.C.O.G., D.C.H.
Central Area	F. D. M. Livingstone, M.B., B.Ch., M.R.C.P., D.C.H., D.P.H. Deputy—M. V. Richards, M.B., Ch.B., D.C.H., D.P.H.	J. Addenbrooke, M.B., Ch.B. J. F. Sansome, M.B., B.S., D.P.H. D. S. Williams, L.R.C.P. & S., L.R.F.P. & S. ½ Vacancy.
Southern Area	J. B. Bramwell, M.A., M.B., B.Ch., D.P.H.	A. L. Kirkland, M.B., B.Ch., B.A.O., D.R.C.O.G., D.P.H. 1½ Vacancies.

Principal Dental Officer.
H. J. Bastow, L.D.S.(Birm.).

Dental Officers.

Sutton Coldfield M.B.	N. G. Evans, L.D.S.	Eastern Area	—
	Mrs. C. M. Hartopp, B.D.S.	North-Western Area	W. Douglas, L.D.S.*
Nuneaton M.B.	—	Central Area	E. N. O'Reilly, L.D.S., R.C.S.
Atherstone/Bedworth Area	—	Southern Area	Mrs. J. R. Neale, B.D.S. Miss M. M. Stocker, L.D.S.*

**Senior Dental Officer.*

County Ambulance Officer.
R. D. Charles.

County Health Inspector.
K. L. Spence, Cert.S.I.B., Cert.R.S.I.

Chief Clerk.
L. J. Allen.

Superintendent Nursing Officer and Supervisor of Midwives.
Miss V. E. Beeston, S.R.N., S.C.M., H.V.Cert.

Deputy Superintendent Nursing Officer.
Miss M. J. Hedges, S.R.N., S.C.M., H.V.Cert.

Borough and Area Nursing Officers.

Sutton Coldfield M.B.	Miss M. McCaffery.	Eastern Area	Miss E. M. Lloyd.
Nuneaton M.B.	Miss M. J. Thomas.	North-Western Area	Miss P. M. Adams.
Atherstone/Bedworth Area	Miss C. G. McLaren.	Central Area	Miss H. R. Taylor.
		Southern Area	Miss D. G. Hussey.

(These Officers hold S.R.N., S.C.M. and H.V.Cert.).

Social Worker.
Miss J. A. Sutcliffe, S.R.N., H.V.Cert.

Principal Mental Welfare Officer.
H. F. Rogers.

Mental Welfare Officers.
County Health Department.
B. H. Tustain.
P.M. Overton.

Sutton Coldfield M.B.	M. O'Donnell.† G. Fitzpatrick.† D. C. Mangnall.	Eastern Area	R. J. Edkins. P. Cooke.
Nuneaton M.B.	P. C. Morgan.† R. Callander.† E. R. Brierley.	North-Western Area	W. J. Duigenan. I. R. Coleman.
Atherstone/Bedworth Area	A. E. Jones. G. Gray.	Central Area	C. Robinson.
		Southern Area	R. C. Anslow. R. D. Kyte.

†These Officers carry out Delegated Mental Health and Welfare duties.

Social Worker (Mental Health).
County Health Department.
Miss H. S. Hopkins.

Family Case Workers.
Mrs. M. Barclay. Mrs. G. A. Bates. Mrs. M. Garnett. Mrs. M. Flynn. Miss J. G. Orton.

GENERAL STATISTICS BY AREA, 1968.

			Hectares	Acres.	Population.		Live Births.		Total Deaths.		Number Still- births.	Number Infant Deaths.	Number Mat- ernal Deaths.	
					Mid- 1967	Mid- 1968	Number.	Birth Rate (Standar- dised) (Per 1,000 pop.)	Number.	Death Rate (Standar- dised) (Per 1,000 pop.)				
SUTTON COLDFIELD M.B.	..		5,541	13,691	81,630	82,040	1,396	15.15	712	10.85	8	21	2	
NUNEATON M.B.	..	..	4,758	11,757	63,420	63,980	1,224	18.75	637	12.45	17	21	—
ATHERSTONE/BEDWORTH AREA.														
Bedworth U.D.	..	..	3,165	7,820	39,100	40,170	823	18.24	415	10.54	7	11	—
Atherstone R.D.	..	..	13,991	34,574	35,210	36,310	811	21.67	344	11.74	14	13	—
TOTALS			..	17,156	42,394	74,310	76,480	1,634	19.62	759	11.10	21	24	—
EASTERN AREA.														
Rugby M.B.	..	..	2,837	7,010	56,450	57,190	1,149	21.09	586	10.87	13	19	1
Rugby R.D.	..	..	32,755	80,939	26,200	25,740	394	15.00	224	11.22	6	4	1
TOTALS			..	35,592	87,949	82,650	82,930	1,543	19.21	810	10.95	19	23	2
NORTH-WESTERN AREA.														
Meriden R.D.	..	..	26,924	66,531	62,930	70,360	1,197	14.12	495	10.42	15	25	—
CENTRAL AREA.														
Leamington Spa M.B.	..	..	1,163	2,875	44,860	44,970	860	18.36	500	10.01	15	24	—
Warwick M.B.	..	..	2,046	5,057	17,700	18,690	265	14.76	195	10.01	7	4	—
Kenilworth U.D.	..	..	2,415	5,967	20,450	20,780	325	15.17	157	10.89	3	5	—
Southam R.D.	..	..	25,304	62,527	18,040	18,990	349	19.30	173	10.93	3	7	—
Warwick R.D.	..	..	22,620	55,896	25,480	26,290	467	16.52	316	9.02	8	5	—
TOTALS			..	53,548	132,322	126,530	129,720	2,266	17.10	1,341	10.08	36	45	—
SOUTHERN AREA.														
Stratford-upon-Avon M.B.	..	..	2,792	6,900	18,600	18,840	264	14.01	238	11.87	3	3	—
Alcester R.D.	..	..	15,125	37,374	20,020	19,380	354	18.09	206	10.84	7	6	—
Shipston-on-Stour R.D.	..	..	21,585	53,339	9,560	9,650	171	19.85	146	9.83	1	2	—
Stratford-on-Avon R.D.	..	..	34,991	86,464	29,000	29,150	504	17.98	276	10.42	4	11	—
TOTALS			..	74,493	184,077	77,180	77,020	1,293	17.28	866	10.82	15	22	—
COUNTY TOTALS			..	218,012	538,721	568,650	582,530	10,553	17.21	5,620	10.81	131	181	4

Figures supplied by the Registrar General.

REVIEW OF VITAL STATISTICS, 1900-1968.

Year	Live Birth Rate (per 1,000 pop.)		Illegitimate Live Birth Rate (per 1,000 pop.)		Still- births (per 1,000 total births)		Perinatal Mortality Rate (per 1,000 total births)		Infant Mortality Rate (per 1,000 live births)		Maternal Mortality Rate (per 1,000 total births)		Death Rate (per 1,000 pop.)		Cancer Death Rate (per 1,000 pop.)		Lung Cancer Death Rate Males (per 1,000 relevant pop.)		Lung Cancer Death Rate Females (per 1,000 relevant pop.)		Pulmonary Tuberculosis Death Rate (per 1,000 pop.)	
	C	S	C	S	C	S	C	S	C	S	C	S	C	S	C	S	C	S	C	S	C	S
1900	27.0								142.4		2.33		16.7		0.74						0.99	
1905	25.6								110.0		2.69		12.9		0.80						0.72	
1910	23.8								89.7		2.94		11.7		0.87						0.80	
1915	22.5								86.4		4.16		13.5		1.01						0.83	
1920	25.2								64.8		3.41		10.6		1.04						0.65	
1925	18.5								62.3		5.09		11.2		1.31						0.71	
1930	16.4								49.8		4.36		10.7		1.41						0.51	
1935	14.5								47.8		3.54		11.0		1.48						0.45	
1940	15.8								51.4		2.73		12.1		1.51						0.50	
1945	18.7								43.0		1.55		10.4		1.53						0.40	
1950	15.8	15.8	0.78	0.78	18.9	0.78	35.1	0.78	26.8	10.1	0.38	10.1	10.5	1.60	0.39	0.41	0.06	0.06	0.25	0.26		
1955	16.2	16.0	0.72	0.71	20.6	0.71	37.8	0.71	24.4	10.7	0.58	10.7	11.2	1.83	0.55	0.58	0.06	0.06	0.11	0.12		
1960	18.6	17.8	0.76	0.73	17.5	0.73	30.2	0.73	19.4	9.8	0.27	9.8	11.4	1.77	0.64	0.75	0.10	0.12	0.06	0.07		
1961	18.8	17.9	0.81	0.77	16.5	0.77	26.9	0.77	17.2	9.6	0.08	9.6	11.5	1.76	0.63	0.76	0.10	0.12	0.04	0.05		
1962	18.8	17.7	0.85	0.80	18.0	0.80	28.1	0.80	17.1	9.8	0.33	9.8	11.7	1.85	0.69	0.82	0.10	0.12	0.04	0.05		
1963	18.8	17.8	0.89	0.85	16.5	0.85	26.6	0.85	17.5	9.8	0.24	9.8	11.6	1.74	0.67	0.80	0.08	0.10	0.05	0.06		
1964	19.7	18.7	1.10	1.05	14.0	1.05	25.1	1.05	17.1	9.8	0.09	9.8	11.4	1.79	0.75	0.88	0.14	0.16	0.04	0.05		
1965	19.3	18.5	1.16	1.11	14.3	1.11	23.3	1.11	14.9	9.5	0.19	9.5	10.6	1.78	0.64	0.72	0.13	0.15	0.01	0.01		
1966	18.7	17.6	1.15	1.08	15.2	1.08	25.9	1.08	18.0	9.8	0.19	9.8	11.2	1.82	0.65	0.75	0.12	0.14	0.03	0.03		
1967	18.1	17.2	1.15	1.09	14.2	1.09	25.3	1.09	17.3	9.4	0.19	9.4	10.3	1.88	0.70	0.76	0.14	0.15	0.04	0.04		
1968	18.1	17.2	1.23	1.17	12.3	1.17	23.5	1.17	17.2	9.7	0.37	9.7	10.8	1.87	0.80	0.90	0.13	0.15	0.02	0.02		

England and Wales (Registrar General's Provisional Figures).

1968	16.9	1.44	14.3	24.7	18.3	0.24	11.9	2.32	1.01	0.20	0.03
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C — Crude Rate (Actual Rate).

S — Standardised Rate (Registrar General's correction to a standard population).

Perinatal Mortality Rate: Before 1956, Stillbirths plus Infant Deaths under 4 weeks.
After 1956, Stillbirths plus Infant Deaths under 1 week.

CERTIFIED CAUSES OF DEATH BY AGE AND SEX, 1968.
(With corresponding figures for last year and ten years ago).

B. List Number	Cause.	Sex	Age at Death.											Total 1968	Total Deaths	
			Under 4 wks.	4 wks.-1 yr.	1—	5—	15—	25—	35—	45—	55—	65—	75 +		1967	1958
B1	Cholera	M F	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —
B2	Typhoid fever	M F	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —
B3	Bacillary dysentery and amoebiasis	M F	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —
B4	Enteritis and other diarrhoeal diseases	M F	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	1 —	— 1	11 18	13 12
B5	Tuberculosis of respiratory system	M F	— —	— —	— —	— —	— —	— —	— —	2 —	4 —	1 1	1 —	8 1	19 1	29 8
B6	Other tuberculosis, incl. late effects	M F	— —	— —	1 —	— —	— —	— —	— —	— —	2 —	1 —	— 1	4 1	3 3	3 4
B7	Plague	M F	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —
B8	Diphtheria	M F	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —
B9	Whooping Cough	M F	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— 1	— 1
B10	Streptococcal sore throat and scarlet fever	M F	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —
B11	Meningococcal infection	M F	— —	— —	1 —	— —	— —	— —	— —	— —	— —	— —	— —	1 —	— 2	1 3
B12	Acute poliomyelitis	M F	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— 1
B13	Smallpox	M F	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —
B14	Measles	M F	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— 1	— —
B15	Typhus and other rickettsioses	M F	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —
B16	Malaria	M F	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —
B17	Syphilis and its sequelae	M F	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	1 —	1 —	6 6	9 4
B18	All other infective and parasitic diseases	M F	1 —	— 1	— —	— —	— —	— —	1 1	2 1	4 1	— —	1 1	9 5	6 4	7 4
B19 (1)	Malignant neoplasm—stomach	M F	— —	— —	— —	— —	— —	— —	2 —	8 2	22 8	22 9	16 23	70 42	72 56	77 48
B19 (2)	Malignant neoplasm—lung, bronchus	M F	— —	— —	— —	— —	— —	— —	4 1	24 7	76 9	86 14	39 6	229 37	196 40	173 22
B19 (3)	Malignant neoplasm—breast	M F	— —	— —	— —	1 —	— 3	— 7	— 17	1 29	— 30	— 23	1 110	1 105	2 119	— —
B19 (4)	Malignant neoplasm—uterus	F	—	—	—	—	—	1	4	9	7	7	28	48	44	—
B19 (5)	Leukaemia	M F	— —	— —	— 1	4 —	— 1	— —	— 3	— 1	6 4	11 2	2 4	23 16	11 8	11 11
B19 (6)	Other malignant neoplasms, including neoplasms of Lymphatic and haematopoietic tissue	M F	— 1	— —	2 2	1 —	2 1	5 4	13 8	25 32	68 46	87 67	101 69	304 230	305 225	280 218
B20	Benign neoplasm and neoplasms of unspecified nature	M F	— —	— —	— —	1 —	2 —	— —	— —	5 1	1 3	— 2	3 —	11 7	— —	— —
B21	Diabetes mellitus	M F	— —	— —	— —	— —	1 —	— —	— —	1 2	5 3	4 14	11 16	22 35	26 28	12 21
B22	Avitaminoses and other nutritional deficiency	M F	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— 2	— 2	— —	— —
B46 pt	Other endocrine, nutritional and metabolic diseases	M F	— —	1 —	— 2	1 1	— —	— —	1 —	1 2	— —	1 2	— 3	5 10	— —	— —
B23	Anaemias	M F	— —	— —	— —	— —	— —	— —	— —	— —	— —	1 —	2 6	3 6	— —	— —
B46 pt	Other diseases of blood and blood-forming organs	M F	— —	— —	— —	— —	— —	— —	— 1	— —	1 —	— —	— —	1 1	— —	— —
B46 pt	Mental disorders	M F	— —	— —	— —	— —	— —	— —	— —	— —	— —	1 1	1 2	2 3	— —	— —
B24	Meningitis	M F	— 1	— 1	— —	— —	— —	— —	— —	1 —	— —	2 —	— —	— 5	— —	— —
B46 pt	Other diseases of nervous system and sense organs	M F	— —	— 1	2 —	1 —	4 —	1 1	2 —	3 2	3 3	11 7	3 10	30 24	— —	— —
B25	Active rheumatic fever	M F	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —

B. List Number	Cause.	Sex	Age at Death.												Total 1968	Total Deaths	
			Under 4 wks.	4 wks-1 yr.	1—	5—	15—	25—	35—	45—	55—	65—	75 +	1967		1958	
B26	Chronic rhcumatic heart disease	M F	— —	— —	— —	— —	— —	— —	2 4	4 9	9 10	8 7	7 12	30 42	M 922 F 735	M 919 F 766	
B27	Hypertensive disease	M F	— —	— —	— —	— —	— —	1 —	3 1	6 2	11 11	26 21	24 40	71 75			
B28	Ischacmic heart disease	M F	— —	— —	— —	— —	— 1	2 —	31 2	71 13	211 37	250 130	256 288	821 471			
B29	Other forms of heart disease	M F	— —	— —	— —	— —	— 1	2 2	2 —	6 3	14 5	29 24	63 130	115 164			
B30	Cerebrovascular disease	M F	— —	— 1	— —	— —	— 1	2 —	2 3	13 16	46 43	98 114	152 286	313 464	302 413	372 463	
B46 pt	Other diseases of the circulatory system	M F	— —	— —	— —	— —	— 1	— —	— —	1 4	10 11	22 23	50 86	83 125	127 156	123 125	
B31	Influenza	M F	— —	— 1	1 —	— —	1 —	— 2	— —	— —	— 2	4 5	8 16	14 26	4 1	20 14	
B32	Pneumonia	M F	— 2	4 8	— —	3 3	2 2	— —	4 2	5 2	17 5	38 34	137 181	210 239	150 207	160 142	
B33 (1)	Bronchitis, emphysema	M F	— —	— —	— —	1 —	— —	— —	2 —	12 4	53 8	68 13	87 34	223 59	175 42	201 69	
B33 (2)	Asthma	M F	— —	— —	— —	— —	1 2	1 1	1 1	1 1	2 1	— —	— 2	6 8			
B46 pt	Other diseases of the respiratory system	M F	1 —	3 2	1 1	— —	— —	— —	— 2	4 1	8 1	6 5	9 19	32 31	35 17	48 17	
B34	Peptic ulcer	M F	— —	— —	— —	— —	— —	— 1	2 —	1 1	4 2	11 7	10 12	28 23	28 21	34 9	
B35	Appendicitis	M F	— —	— —	— —	1 —	— —	— —	— —	— —	— —	1 —	1 —	3 —			
B36	Intestinal obstruction and hernia	M F	1 1	— —	— —	— —	— —	— —	— —	— —	2 —	5 3	3 9	11 13			
B37	Cirrhosis of liver	M F	— —	— —	— —	— —	— —	— —	1 1	1 1	5 6	2 2	3 2	12 12			
B46 pt	Other diseases of the digestive system	M F	— —	1 2	— —	— —	— —	1 1	1 1	4 —	5 —	1 10	3 20	16 34			
B38	Nephritis and nephrosis	M F	— —	— —	— —	— —	1 —	— —	— —	3 2	1 1	2 2	5 5	12 10	14 14	13 18	
B39	Hyperplasia of prostate	M	—	—	—	—	—	—	—	—	1	2	7	10	16	34	
B46 pt	Other diseases of the genito-urinary system	M F	— —	— —	— —	1 —	— —	— —	— 1	1 2	1 3	5 7	4 15	12 28			
B40	Abortion	F	—	—	—	—	—	—	—	—	—	—	—	—	2	2	
B41	Other complications of pregancy childbirth and puerperium	F	—	—	—	—	—	4	—	—	—	—	—	4			
B46 pt	Diseases of the skin and subcutaneous tissue	M F	— —	1 1	— —	— —	— —	— —	— —	— 1	— —	— —	— 4	1 6			
B46 pt	Diseases of the musculo-skeletal system and connective tissue	M F	— —	— —	— —	— —	— —	— —	— 1	— 1	2 —	2 3	7 5	11 10			
B42	Congenital anomalies	M F	16 14	7 5	3 4	2 2	2 2	1 —	— —	2 1	— 1	2 —	— —	35 29	27 28	35 29	
B43	Birth injury, difficult labour and other anoxic and hypoxic conditions	M F	25 19	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	25 19			
B44	Other causes of perinatal mortality	M F	30 21	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	30 21			
B45	Symptoms and ill-defined conditions	M F	— —	— —	— —	— —	— 1	— —	— —	— —	— —	2 1	12 35	14 37			
BE47	Motor vehicle accidents	M F	— —	— —	1 2	6 2	22 7	6 —	9 1	6 1	9 4	3 8	4 5	66 30	96 26	66 25	
BE48	All other accidents	M F	1 1	2 1	1 1	1 1	6 —	6 —	5 —	3 3	7 3	2 7	16 28	50 45	59 81	86 75	
BE49	Suicide and self-inflicted injuries	M F	— —	— —	— —	— —	1 1	3 —	2 3	4 5	4 2	2 5	2 1	18 17	26 21	33 19	
BE50	All other external causes	M F	1 2	— —	1 —	— —	— 2	1 —	1 1	— 2	1 1	4 1	— —	9 9	— 1	3 1	
	All Causes	M F	76 62	19 24	14 13	22 11	45 21	31 20	91 46	219 147	616 272	821 590	1,051 1,409	3,005 2,615	2,830 2,537	2,990 2,537	
Population figures in thousands														582	568	563	

The International Abbreviated List of 50 Causes (B. List) from the manual of the Eighth Revision of the International Classification with some further sub-divisions is being used from 1968 onwards by the Registrar General for analysis of mortality. The Short List of 36 causes previously used are shown for comparison purposes for 1967 and 1958 and give the approximate category relating to the new list where such comparison is possible.

ACCIDENTAL AND VIOLENT DEATHS 1967-1968.

B. List Number	Cause	Sex & Year	Under 4 wks.	4 wks 1 yr.	1—	5—	15—	25—	35—	45—	55—	65—	75+	Total
BE47	Motor vehicle accidents	M 67	—	—	4	7	40	11	3	8	10	6	7	96
		68	—	—	1	6	22	6	9	6	9	3	4	66
		F 67	—	—	1	5	4	2	—	3	2	4	5	26
		68	—	—	2	2	7	—	1	1	4	8	5	30
BE48	All other accidents	M 67	2	3	6	5	3	3	5	7	8	6	11	59
		68	1	2	1	1	6	6	5	3	7	2	16	50
		F 67	2	2	—	3	3	—	1	1	7	10	52	81
		68	1	1	1	1	—	—	—	3	3	7	28	45
BE49	Suicide and self inflicted injuries	M 67	—	—	—	—	4	3	1	5	4	6	3	26
		68	—	—	—	—	1	3	2	4	4	2	2	18
		F 67	—	—	—	—	—	2	3	1	4	7	4	21
		68	—	—	—	—	1	—	3	5	2	5	1	17
BE50	All other external causes	M 67	—	—	—	—	—	—	—	—	—	—	—	—
		68	1	—	1	—	—	1	1	—	1	4	—	9
		F 67	—	—	—	—	—	1	—	—	—	—	—	1
		68	2	—	—	—	2	—	1	2	1	1	—	9

Causes of Death in Warwickshire, 1968.

The death rates from various diseases show very little change from the previous year.

There were four deaths associated with pregnancy :—

- (1) 29 year old woman who died of cardiac arrest during Caesarian section.
- (2) 29 year old woman died of eclampsia—29 weeks.
- (3) 33 year old woman died of eclampsia—para. 5—at 32 weeks.
- (4) 25 year old primigravida died of eclampsia at 40 weeks.

These deaths give the County a maternal mortality rate of 0.37 per 1,000 births compared with national rate of 0.24.

The following were the commonest certified causes of death at various ages :—

- Babies under 4 weeks — Prematurity and Congenital disorders
- Infants 29 days–1 year — Congenital disorders and Infections
- Children 1-4 years — Congenital disorders, Infections, Accidents and Malignant diseases
- Children 5-15 years — Infections, Accidents and Malignant diseases
- Adults 15-24 years — Accidents predominantly
- 25-44 years — Accidents, Cardiovascular diseases and Malignant diseases
- 45-64 years — Cardiovascular diseases and Malignant diseases
- 65-74 years — Cardiovascular diseases and Malignant diseases
- 75+ — Cardiovascular and respiratory diseases predominantly

A further table is included showing the number of accidental and violent deaths in 1967 and 1968. It will be seen that in 1968 there was a decrease in the number of deaths from motor vehicle accidents, other accidents and suicide. Two of the most striking improvements are in the number of deaths from motor vehicle accidents of males between the ages of 15 and 25, which dropped from 40 in 1967 to 22 in 1968, and in the deaths of females aged 75 years and over, the number having fallen from 52 in 1967 to 28 in 1968.

As will be seen, deaths from other external causes (that is homicide, undetermined causes and operations of war) totalled 18; of these, seven deaths were due to homicide. This is a very high figure and is the highest since 1959 when there were 8. The numbers for the intervening years varied from 0 to 4 although the figure has not exceeded 4 since 1962.

The remaining 11 deaths were from undetermined causes but it is not possible to compare these with previous years because the Registrar General's categories have been altered. Deaths now classified as undetermined would have appeared formerly in other accident categories, but these undetermined deaths were scattered throughout the various age groups, and their reclassification does not obviate the comparisons made above.

CAUSES OF STILLBIRTH FOR THE YEARS 1965-1968.

<i>Major factor.</i>	1968	1967	1966	1965
Congenital disorders	24	36	23	33
Haemolytic disease	10	4	8	6
Chronic ill-health of mother	2	3	6	4
Toxaemia of pregnancy and A.P.H.	37	41	50	34
Conditions of placenta and cord	13	24	24	34
Difficulties in labour	17	13	8	3
Unknown	28	27	44	40
Total number of registered stillbirths	131	148	163	154
Stillbirth rate per 1,000 total births	12.3	14.2	15.4	14.2

CAUSES OF NEONATAL DEATHS (0-28 DAYS) 1965-1968.

<i>Major factor.</i>	1968	1967	1966	1965
Prematurity (birth weight under 4lbs.)	37	48	44	48
Asphyxia/Atelectasis (with prematurity)	9	11	13	6
Congenital disorders	32	34	33	23
Haemolytic disease of the newborn	7	2	3	1
Birth injury	14	8	11	8
Asphyxia/Atelectasis (without prematurity)	17	20	13	9
Respiratory infection	2	1	5	4
Other infection	4	3	1	1
Accident/misadventure	7	3	1	1
Unknown or ill-defined	4	5	3	5
Total	133	135	127	106
Neonatal death rate per 1,000 live births	12.6	13.1	12.2	10.0

CAUSES OF DEATH OF INFANTS AGED 29 DAYS - 1 YEAR, 1965-1968.

<i>Major factor.</i>	1968	1967	1966	1965
Congenital disorders	16	16	20	14
Malignant disease	—	1	—	3
Other non-infectious diseases	4	—	—	1
Respiratory infection	15	10	8	9
Other infections	2	9	9	5
Accident/misadventure	4	7	19	17
Unknown or ill-defined	1	—	1	3
Total	42	43	57	52
Death rate per 1,000 live births	4.0	4.2	5.5	4.9

LIVE AND STILLBIRTHS, 1968.

		<i>Males.</i>	<i>Females.</i>	<i>Total.</i>	<i>Standardised Rate (per 1,000 pop.).</i>
LIVE BIRTHS—	Legitimate	4,982	4,854	9,836	16.04
	Illegitimate	383	334	717	1.17
	Total	5,365	5,188	10,553	17.2 (16.9)
Illegitimate live births % of total live births : 6.79.					(8.5)
		<i>Males.</i>	<i>Females.</i>	<i>Total.</i>	<i>Rate (per 1,000 total births).</i>
STILLBIRTHS—	Legitimate	64	58	122	12.3
	Illegitimate	4	5	9	12.4
	Total	68	63	131	12.3 (14.3)
		<i>Males.</i>	<i>Females.</i>	<i>Total.</i>	
TOTAL BIRTHS—	Legitimate	5,046	4,912	9,958	
	Illegitimate	387	339	726	
	Grand Total	5,433	5,251	10,684	

Provisional figures for England and Wales in brackets.

INFANT MORTALITY, 1968.

		<i>Males.</i>	<i>Females.</i>	<i>Total.</i>	<i>Rate (per 1,000 live births).</i>
UNDER 1 YEAR—	Legitimate	85	76	161	16.4
	Illegitimate	10	10	20	27.9
	Total	95	86	181	17.2 (18.3)
UNDER 4 WKS.—	Legitimate	68	54	122	12.4
	Illegitimate	8	8	16	22.3
	Total	76	62	138	13.1 (12.4)
EARLY NEO- NATAL (Under 1 Wk.)	Legitimate	58	47	105	10.7
	Illegitimate	7	8	15	20.9
	Total	65	55	120	11.4 (10.5)

Provisional figures for England and Wales in brackets.

PERINATAL MORTALITY, 1968.
(Stillbirths and Infant deaths under 1 week).

	<i>Males.</i>	<i>Females.</i>	<i>Total.</i>	<i>Rate (per 1,000 total births).</i>
Legitimate	122	105	227	22.80
Illegitimate	11	13	24	33.06
TOTALS	133	118	251 (Eng. & Wales 24.7)	23.49

TOTAL PREMATURE BIRTHS SINGLE AND MULTIPLE, 1968.
(Total notified births 10,641).

<i>Weight Group.</i>	<i>Number of premature births.</i>		<i>Of those born alive :—</i>				<i>% Survival of live births 1968</i>	<i>% Survival of live births 1967</i>
			<i>Number died within 24 hrs.</i>	<i>Number died 1 to under 7 days.</i>	<i>Number died 7-28 days.</i>	<i>Number survived.</i>		
	<i>Born dead.</i>	<i>Born alive.</i>						
2lbs. 3ozs. or less (1,000g or less)	9	24	15	7	1	1	4%	4%
Over 2lbs. 3ozs. and up to 3lbs. 4ozs. (1,001-1,500g)	26	45	11	4	2	28	62%	40%
Over 3lbs. 4ozs. and up to 4lbs. 6ozs. (1,501-2,000g)	31	123	6	11	—	06	86%	86%
Over 4lbs. 6ozs. and up to 4lbs. 15ozs. (2,001-2,250g)	10	137	2	3	—	132	96%	96%
Over 4lbs. 15ozs. and up to 5lbs. 8ozs. (2,251-2500g)	11	342	3	2	1	336	98%	95%
TOTALS ..	87	671	37	27	4	603	90%	85%
TOTALS, 1967	87	638	56	33	8	541		

Congenital Malformations Apparent at Birth.

During the year there was an increase of 41 notifications but Warwickshire's incidence, 16 per 1,000 total births, is similar to the most recently available figure, 16.5 in 1967, for England and Wales.

The apparent increase, which coincides with the delegation to area offices for the responsibility for assessing notifications, is general throughout the County, the Atherstone and Bedworth and Nuneaton areas showing slightly higher figures than other areas.

The commonest serious congenital malformations apparent at birth were those classified under the Central Nervous System — spina bifida and related conditions being the most frequent. There were 48 such cases, 25 occurring in children born alive and 23 in stillbirths. There was no marked variation in these figures from last year except that more of such children were born alive than dead. There was no significant difference between areas of the County.

ANTE-NATAL MOTHERHOOD AND RELAXATION CLASSES, 1968.

(1967 in brackets).

	Number of women who attended :—						Total attendances made.	
	Institutional booked.		Domiciliary booked.		Total.			
Sutton Coldfield M.B. ..	291	(347)	45	(104)	336	(451)	2,485	(2,504)
Nuneaton M.B.	264	(144)	258	(267)	522	(411)	1,719	(1,936)
Atherstone/Bedworth Area..	332	(202)	293	(335)	625	(537)	2,604	(2,383)
Eastern Area	99	(123)	75	(133)	174	(256)	802	(1,301)
North-Western Area ..	166	(96)	50	(68)	216	(164)	882	(665)
Central Area	180	(203)	194	(218)	374	(421)	2,060	(1,759)
Southern Area	196	(202)	63	(176)	259	(378)	1,675	(1,325)
TOTAL ..	1,528	(1,317)	978	(1,301)	2,506	(2,618)	12,227	(11,873)

ANTE-NATAL AND POST-NATAL CLINICS.

Clinic.	Medical Officer and when held.	Ante-natal.		Post-natal.	
		No. of women who attended.	No. of attendances.	No. of women who attended.	No. of attendances.
ATHERSTONE/ BEDWORTH AREA Newtown Road, Bedworth.	Mr. D. W. HENDRY Every Tuesday, 9-30 a.m.	246	1,877	15	15
EASTERN AREA Temple Street, Rugby.	Mr. J. R. OWEN Every Wednesday, 2 p.m.	192	417	—	—
The service for blood sampling on G.P.'s requests continues in Sutton Coldfield.	TOTALS 1968 ..	438	2,294	15	15
	TOTALS 1967 ..	452	2,149	9	9

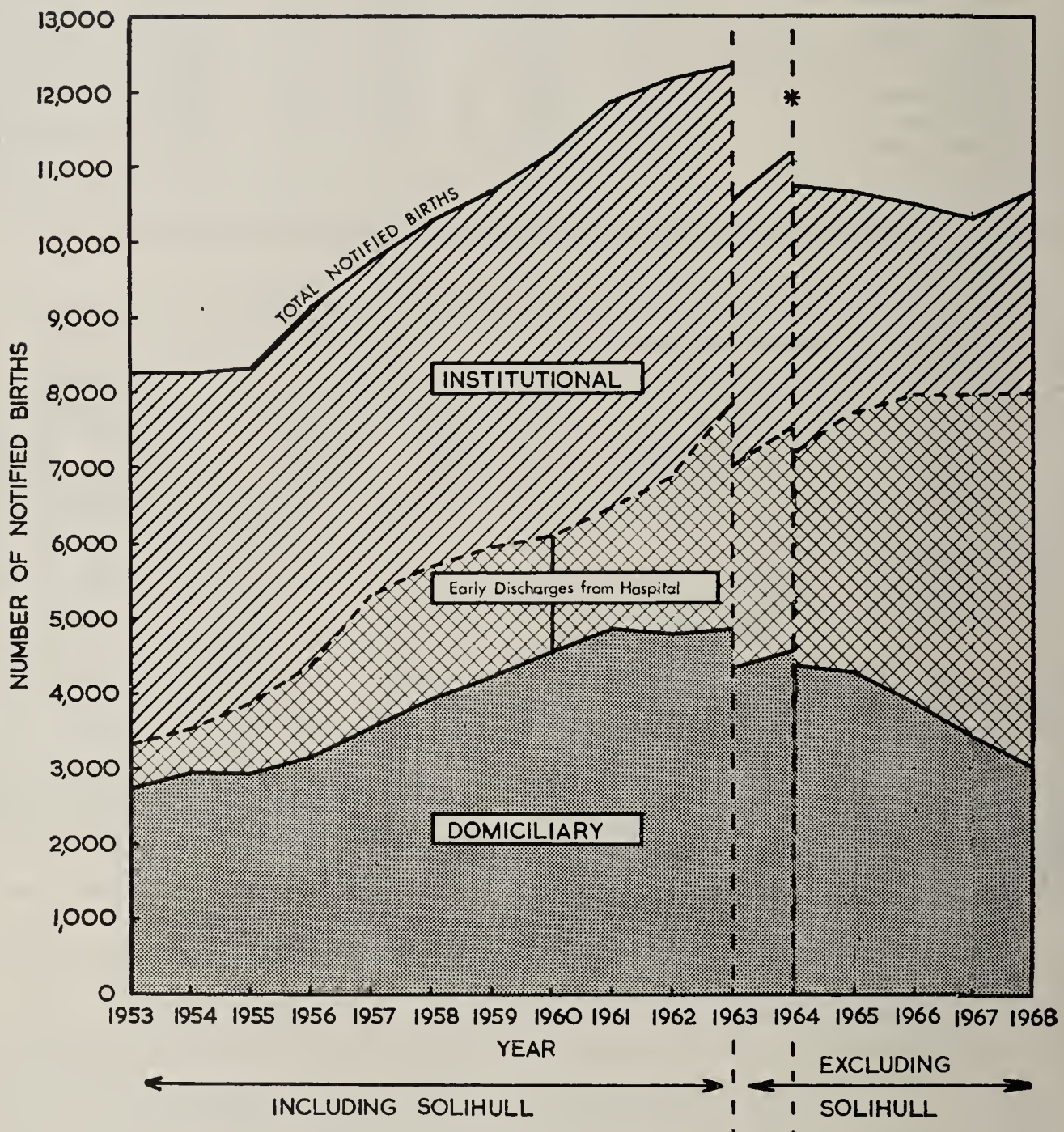
MIDWIFERY.

NUMBER OF MIDWIVES PRACTISING AT THE END OF EACH YEAR 1964-1968.

Year.	Domiciliary.		Institutional.	
	Employed by the County Council.	In private practice.	Employed by the Hospital Management Committees.	Employed by Nursing Homes.
1968	116	6	195	2
1967	121	4	179	2
1966	128	6	126	2
1965	124	6	161	5
1964	129	5	147	7

DOMICILIARY & INSTITUTIONAL BIRTHS 1953-1968

"Early Discharge" Prior to 1960 before 14th day
1960 onwards before 10th day



	Percentages																
Inst :	67	64	65	65	64	62	60	59	59	61	61	59	59	60	63	67	71
Dom:	33	36	35	35	36	38	40	41	41	39	39	41	41	40	37	33	29

* Adjustment for Staffs & Coventry boundary changes.

NUMBER OF NOTIFIED BIRTHS DURING 1968 IN EACH AREA
(1967 in brackets) (adjusted to Area of residence).

	<i>Adjusted number of notified births.</i>		<i>% Domiciliary.</i>		<i>% Institutional.</i>	
Sutton Coldfield M.B. ..	1,392	(1,302)	15	(29)	85	(71)
Nuneaton M.B.	1,223	(1,171)	34	(41)	66	(59)
Atherstone/Bedworth Area ..	1,659	(1,566)	37	(39)	63	(61)
Eastern Area	1,524	(1,482)	39	(41)	61	(59)
North-Western Area ..	1,184	(958)	24	(28)	76	(72)
Central Area	2,267	(2,333)	30	(34)	70	(66)
Southern Area	1,392	(1,471)	18	(17)	82	(83)
Total	10,641	(10,283)	29	(33)	71	(67)
„ 1966 ..	10,464		37		63	
„ 1965 ..	10,610		40		60	
„ 1964 ..	11,175		41		59	

Midwifery.



It will be seen from the graph on page 14 that the work of domiciliary midwifery continues to increase in spite of the reduction in the percentage of home deliveries. During the year the midwives and district nurse midwives delivered 3,051 mothers in their own homes. They also looked after 4,964 mothers who had been discharged from hospital before the tenth day. In total the service was responsible for 108 more mothers who required midwifery nursing, although the number of home deliveries fell by 350.

The other aspect of the work of the midwives is ante-natal care. Most midwives assist with ante-natal sessions in family doctors' own surgeries although in view of the falling domiciliary midwifery rate it has been impossible to allocate one individual midwife to each group practice. Midwives have had to work in groups in order to ensure that one of them was on duty all the time.

Despite the decreasing number of domiciliary confinements it has been possible to maintain a Part II Training Scheme for the Warneford Hospital, Leamington Spa, and for the new Maternity Hospital in Nuneaton, but it became impossible to find sufficient domiciliary cases to continue Part II training in Sutton Coldfield Borough where the admission rate to hospital rose to a level which left only 15% of mothers being delivered at home. If this trend continues all mothers will eventually have to be confined in hospital, because the remaining group of domiciliary midwives, with no newly-trained ones to augment it, must ultimately reach a size which renders it non-viable.

During the year the Council agreed in principle that it was necessary for the small group of domiciliary midwives in each area to be linked by radio with the Area Offices and Ambulance Depots so that during the day they could be deployed by the Area Nursing Officer and during the night the Ambulance Service could call them in an emergency. At the time of writing the Central Area and the Borough of Sutton Coldfield have radio installed and installation in the Southern Area is almost complete. It is hoped that this facility will have been extended to two further areas by the end of the current financial year.

HOME HELP SERVICE 1967 & 1968

 SHORT TERM CASES (Under 3 months) Acute illness & maternity
 LONG TERM CASES (Over 3 months) Chronic illness & old age

0 100 200 300 400 500 600 700 800 900 1000 1100 1200 1300 1400 1500 1600 1700

COUNTY

1967



TOTALS

1968



SUTTON

1967



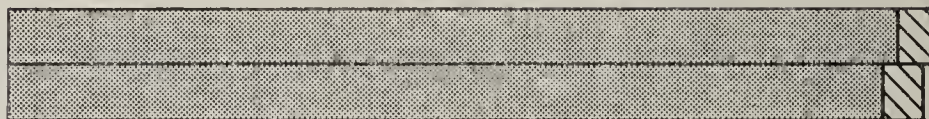
COLDFIELD

1968



NUNEATON

1967



1968



ATHERSTONE

1967



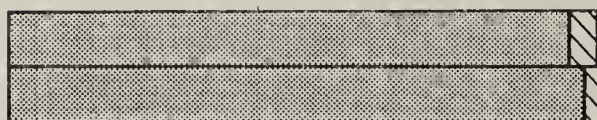
& BEDWORTH

1968



EASTERN

1967



1968



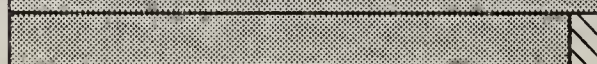
NORTH-

1967



WESTERN

1968



CENTRAL

1967



1968



SOUTHERN

1967



1968



0 100 200 300 400 500 600 700 800 900 1000 1100 1200 1300 1400 1500 1600 1700

NUMBER OF HOME HELP HOURS 1,000 POPULATION

HOME HELP SERVICE
SIZE OF SERVICE IN 1968.

	<i>Number of Home Help Hours provided for persons.</i>			<i>Calculated number of Hours per 1,000 relevant population.</i>		
	<i>Aged under 65.</i>	<i>Aged 65 and over.</i>	<i>Total.</i>	<i>Aged under 65.</i>	<i>Aged 65 and over.</i>	<i>All ages.</i>
Sutton Coldfield M.B. .. (Pop. 82,040)	9,341	46,416	55,757	127	5,635	680
Nuneaton M.B. (Pop. 63,980)	13,253	70,514	83,767	231	10,607	1,309
Atherstone/Bedworth Area (Pop. 76,480)	9,978	75,813	85,791	142	12,059	1,122
Eastern Area (Pop. 82,930)	10,101	60,665	70,766	137	6,705	853
North-Western Area .. (Pop. 70,360)	12,411	47,613	60,024	190	9,425	853
Central Area (Pop. 129,720)	18,801	82,734	101,535	161	6,271	782
Southern Area (Pop. 77,020)	15,746	112,370	128,116	235	11,189	1,663
Total (Pop. 582,530)	89,631	496,125	585,756	171	8,480	1,006

HOME HELP SERVICE. SHORT-TERM CASES HELPED IN 1968.

	<i>Number of cases.</i>		<i>Estimated number per 10,000 relevant population.</i>	
	<i>Aged under 65.</i>	<i>Aged 65 and over.</i>	<i>Aged under 65.</i>	<i>Aged 65 and over.</i>
Sutton Coldfield M.B. ..	154	65	21	79
Nuneaton M.B.	49	63	9	95
Atherstone/Bedworth Area..	32	32	5	51
Eastern Area	72	56	10	62
North-Western Area ..	58	39	9	77
Central Area	126	116	11	88
Southern Area	39	16	6	16
TOTAL	530	387	10	66

HOME HELP SERVICE. LONG-TERM CASES HELPED IN 1968.

	<i>Number of cases.</i>		<i>Estimated number per 10,000 relevant population.</i>	
	<i>Aged under 65.</i>	<i>Aged 65 and over.</i>	<i>Aged under 65.</i>	<i>Aged 65 and over.</i>
Sutton Coldfield M.B. ..	26	272	4	330
Nuneaton M.B.	43	294	8	442
Atherstone/Bedworth Area..	40	374	6	593
Eastern Area	44	355	6	392
North-Western Area ..	42	229	6	453
Central Area	76	511	7	387
Southern Area	62	613	9	610
TOTAL	333	2,648	6	453

HOME HELP SERVICE.

	Cases attended during 1968							Average No. of home helps employed throughout 1968		Total whole time equivalent	Approx. average weekly hours per part-time home help
	Aged 65 or over	Aged under 65					Total				
		Maternity	T.B.	Chronic Sick	Mental Health	Others					
								Whole-time	Part-time		
Sutton Coldfield M.B.	337	83	—	37	6	54	517	6	59	36	18
Nuneaton M.B. . .	357	21	—	44	2	25	449	—	92	44	17
Atherstone/Bedworth Area	406	15	1	35	5	16	478	—	118	46	14
Eastern Area	411	41	1	41	4	29	527	—	77	40	18
North-Western Area . .	268	35	—	42	6	17	368	—	83	32	14
Central Area	627	57	2	122	5	16	829	—	125	52	16
Southern Area	629	15	—	40	2	44	730	—	136	70	18
Total 1968 . .	3,035	267	4	361	30	201	3,898	6	690	320	16
Total 1967 . .	2,793	438	6	359	22	214	3,832	6	649	313	17
Total 1966 . .	2,644	499	11	279	34	278	3,745	6	639	301	16

A Home Help Organiser is employed in each Area.

CHIROPODY SCHEME, 1968.

	Patients treated under County Scheme.				Total patients treated.	Total treatments given.
	By direct arrangements with Chiropodists.		Through Voluntary Organisations.			
	At Surgery or Clinic.	At Home.	At Surgery or Clinic.	At Home.		
Sutton Coldfield M.B. ..	368	333	—	—	701	2,286
Nuneaton M.B.	155	—	206	727	1,088	3,243
Atherstone/Bedworth Area	243	251	77	108	679	2,969
Eastern Area	469	390	51	13	923	3,174
North-Western Area ..	—	—	438	263	701	2,579
Central Area	497	255	180	421	1,353	4,660
Southern Area	501	124	152	146	923	2,960
Total 1968 ..	2,233	1,353	1,104	1,678	6,368	21,871
Total 1967 ..	2,123	1,060	1,067	1,152	5,402	18,676
Total 1966 ..	1,866	936	886	940	4,628	16,435
Total 1965 ..	1,429	669	1,019	884	4,001	14,425

NIGHT "SITTER-UP" SERVICE.

CASES HELPED DURING 1968.

	<i>Number of Cases.</i>		<i>Total hours provided.</i>
	<i>Short-term.</i>	<i>Long-term.</i>	
Nuneaton M.B.	12	2	1,164
Atherstone/Bedworth Area	27	1	2,515
Eastern Area	18	2	2,291
North-Western Area	—	—	—
Central Area	1	—	140
Total 1968	58	5	6,110
Total 1967	62	6	5,430
Total 1958	16	1	4,543

District Nursing and Home Helps.

People have been slow to appreciate the concept of the "community hospital", that is to say, the hospital where people are treated and nursed in their own homes by general practitioners, district nurses and their own relatives, assisted by home helps. In a county the size of Warwickshire, thousands of sick people are treated and cared for in this way. Perhaps only those with direct experience in their own families or among their friends realise how many people remain at home with long terminal illnesses, such as the final stages of cancer, being treated by injection and made as comfortable as possible until they reach the inevitable end of their sufferings.

Special tribute must be paid to the small group of nurses working for the Marie Curie Memorial Foundation who specialise in the care of cancer patients in their own homes, and also to those people in our own employ who work as night sitters caring for the dying. This latter group of people, although a small one, spent more than 6,000 hours during 1968 tending seriously ill and dying patients, and all of these hours were during the night.

In order to attempt to estimate the work that is being done it is necessary to get a sense of proportion. If we look in detail at the aged persons who are being cared for, it will be seen that the Welfare Committee have 1,157 beds, mostly in purpose-built homes, where elderly people can be permanently cared for and there is accommodation for a further 1,409 elderly persons in group dwellings provided by District Councils. Approximately 350 elderly persons live in private old people's homes and in voluntary homes registered by the Welfare Committee. This makes a total of approximately 3,000 people who are specially catered for under arrangements designed to give them permanent care, whereas, during the year, the district nurses looked after 4,936 elderly people in their own homes and home helps assisted with 3,035 such persons. The number of old persons visited by health visitors was 5,500. It is fair to say that where a district nurse is going into a home regularly, a health visitor would not visit. Therefore, it is reasonably accurate to assume that the health visitor's cases are ambulant, whereas most of the aged patients tended by district nurses are either wholly or partially bedridden.

All nursing equipment is supplied on loan, free of charge, to the patients in this "community hospital". Also, as will be seen, during the year over 105,000 incontinence pads were supplied, together with 177 incontinence pants. This represents over 300 patients, some doubly and some partially incontinent cared for by district nurses.

Advocates of the new sociology sometimes talk as though the community were not caring for its own sick. These figures illustrate, however, that with the help of a competent nursing and home help service and supplies of appropriate equipment, some 10,000 elderly persons alone are being actively cared for or having a regular interest taken in their wellbeing.

Caring for old people is, however, only a part of the work which is being done by the district nurses. In addition to the 4,900 patients over 65 who were cared for, a further 3,500 persons under 65 were nursed in their own homes with the help of district nurses. This group contains a number of chronically handicapped and sick people as well as a number of patients who are discharged from hospital following surgery but before their treatment is completed and who therefore require such nursing aid as injections and dressings. For example, there is a new Day Surgery Unit at Banbury which, although outside the County, serves the southern part of Warwickshire. At this Unit, patients are admitted, operated upon and discharged all on the same day. On discharge, an explanatory letter from the Consultant Surgeon is sent to the patient's general practitioner and a copy of this letter goes to the district nurse. When discharged, the patients are each given a pack containing sterile dressings and lotions and are treated by the district nurse who works under the guidance of the general practitioner. The container is returned to the Unit by the patient on his or her subsequent visit to the Surgeon's Out-Patient Clinic.

This trend towards keeping patients in hospital for as short a time as possible throws an enormous load on the "community hospital" and thus on this section of the nursing services. It also has a very restricting effect on the training of nurses in hospital. Many young nurses can go through a three-year training period inside hospital without gaining sufficient experience of nursing very severely ill people, particularly in the terminal stages of illness. This lack of balance has been appreciated by forward-looking matrons, one of whom is the Matron of Rugby Hospital of St. Cross, who has requested that opportunities be given to her young nurses to accompany district nurses in order to learn the problems of individual nursing in the patients' homes and to gain wider experience in the arduous task of terminal nursing.

**CARE AND AFTER-CARE.
EQUIPMENT ISSUED.**

	ITEMS ISSUED IN 1968.							TOTAL ISSUES.			Items still on loan at 31st Dec., 1968
	Sutton Cold-field M.B.	Nuneaton M.B.	Atherstone and Bedworth Area	Eastern Area	North-Western Area	Central Area	Southern Area	968	1967	1966	
LOAN SCHEME.											
Beds and Bedding.											
Beds, Hospital and other types	19	1	20	13	25	31	19	128	150	188	132
Beds, Cot, Adult	7	—	1	1	—	—	—	9	7	7	4
Beds, Side Rails	4	—	4	6	14	10	8	46	48	63	26
Blankets	2	—	4	—	—	10	5	21	36	60	86
Mattresses, Dunlopillo ..	26	1	27	21	23	44	21	163	178	236	197
„ Other types	—	—	—	—	—	—	—	—	2	1	1
„ Covers	—	—	—	—	—	—	—	—	—	—	—
Pillows, Staff	—	—	1	—	—	1	14	16	23	43	66
„ Foam & Dunlopillo ..	2	—	—	—	—	—	—	2	6	15	15
„ Cases, Staff	—	—	2	—	—	—	4	6	16	42	23
„ „ Plastic	—	—	—	—	—	—	—	—	—	—	4
Sheets, Staff	2	—	2	—	4	7	15	30	53	72	55
Sheeting, Rubber & Plastic, Yds.	109	68	46	82	62	184	78	629	608	671	860
Bed Accessories.											
Air Rings	47	14	5	31	12	53	23	185	196	202	139
Alarms, Enuresis	57	21	25	46	43	56	49	297	261	260	227
Back Rests	90	36	31	47	31	104	29	368	421	368	324
„ „ Covers	—	—	—	—	—	3	—	3	3	2	15
Bed Blocks, Pairs	—	1	—	3	2	5	6	17	20	18	24
„ Boards	10	—	2	5	9	6	2	34	44	56	69
„ Cradles	64	23	20	18	32	52	31	240	244	149	213
„ Pans	220	30	85	112	76	182	97	802	735	748	713
„ Tables	3	—	5	2	—	3	2	15	24	23	14
Bottles, Urine	63	26	21	27	18	63	27	245	241	238	283
Cushions, Dunlopillo ..	3	—	10	11	5	11	9	49	46	44	56
Poles, Lifting	14	—	6	6	9	17	16	68	77	69	79
Pressure Pad Units	26	—	18	2	18	28	8	100	87	94	22
Sheets, Draw	—	25	7	—	4	3	—	39	37	123	66
Orthopaedic Accessories.											
Carriage, Spinal	—	—	1	—	—	1	—	2	2	3	1
Chairs, Invalid Folding and Self-Propelling	117	18	12	70	24	115	42	398	534	533	411
Chairs, Push, Twin	1	—	—	—	1	—	—	2	—	1	1
„ Baby modified	—	—	—	—	—	—	—	—	—	—	—
„ Working	—	—	—	—	—	—	—	—	1	1	2
Chairs seat lifting and Powell	1	—	1	—	—	—	—	2	3	—	3
Crutches, Pairs	4	—	1	—	—	2	2	9	18	20	18
„ Elbow, Single	18	—	6	2	2	8	2	38	46	55	105
Hoists	6	—	—	1	4	6	1	18	25	29	27
Slings	11	—	—	2	7	18	4	42	54	70	49
Sticks, Walking, Tripod and Quadruped	86	16	33	33	38	125	65	396	351	355	607
Walking Aids	69	1	9	11	42	40	32	204	123	100	168
Miscellaneous.											
Commodes, all types	181	48	72	97	69	176	82	725	621	696	657
Cups, Feeding	—	2	1	1	1	1	—	6	8	2	1
Dish, Kidney	—	—	—	—	—	—	—	—	—	1	2
Fireguards	—	16	—	—	—	—	—	16	10	13	42
Mugs, Sputum	—	—	—	—	—	—	—	—	—	—	3
Seats, Bath	35	—	—	—	—	—	—	35	39	37	79
Sandbags	—	—	—	—	—	—	—	—	4	6	6
Towels	—	—	—	—	—	—	—	—	—	—	—
TOTAL	1,297	347	478	650	575	1,365	693	5,405	5,402	5,714	5,895
DISPOSABLE ITEMS.											
Sputum cups	492	84	650	100	—	300	100	1,726	2,541	1,384	—
Pants, Outer Incontinence ..	97	7	18	10	10	28	7	177	112	—	—
„ Lining	21	44	80	68	111	102	20	446	246	—	—
Pads, Incontinence	22,550	4,000	15,300	14,100	10,700	11,500	27,200	105,350	93,430	89,935	—

The General Nursing Council also has recognised that district nursing is a valuable asset to all nurses and is, therefore, making it an optional subject in the training syllabus. Nurses from Rugby Hospital will, therefore, be able to undergo a course leading to State Registration, plus a Certificate in District Nursing.

The District Nurse Training School was set up in the County in 1968 and I deeply appreciate the efforts of senior members of the nursing staff, especially the Sister Tutor (Miss SANKEY) in giving this School such a wonderful start. At the time of writing, the first group of district nurses has completed the Course and it is pleasing to be able to report that not only were they all successful, but they all gained high level passes.

In Circular 32/68, the Minister of Health asked local authorities to examine their establishments and, if possible, recruit married women without professional qualifications in nursing, but provide training for them. This has already been done in the County, together with district training of State Enrolled Nurses, which is linked with the District Nurse Training School. Both these groups, working under the direction of district nurses, are giving valuable assistance to the service.

Family Casework.

The five family caseworkers report that problems continue to arise from such causes as matrimonial incompatibility, inadequate personality and inability to cope with life, mental illness, delinquency, housing difficulties including eviction, and financial mismanagement despite increased family allowances.

The commonest problem, which required intensive visiting, was incurrence of debt. Caseworkers from two areas of the County into which families have moved from other parts of the country report a significant cause of this problem—the persuasiveness of high-pressure salesmen which has resulted in families entering into extensive hire purchase agreements. Housing difficulties and unemployment accounted for the next most frequent problem, particularly in the northern part of the County where the caseworkers report that men lost their jobs and in some cases their houses when the National Coal Board made them redundant. It has to be remembered, however, that matrimonial troubles and mental illness are also responsible for unemployment in some instances. Every effort is made by the Mental Welfare Officers to obtain employment for the patients they follow up but they do not always find it easy to persuade the patients to accept employment even when it is offered. In some cases, of course, patients are too disturbed to be able to work.

One pleasing feature of this year's reports from the family caseworkers is the success which they have achieved in persuading mothers to limit their families. Seventy-two mothers have accepted some method of family planning but the difficulties which still exist, in persuading those with families too large for them to cope with, to seek family planning advice are revealed by the fact that despite the efforts of the caseworkers twenty-six new babies were born to problem family mothers. Nevertheless the caseworkers are to be commended on the efforts they have made and the results they have achieved, since in most cases (for instance where mothers are on the Pill) the work does not cease merely by advising the mother to "go on the Pill". Intensive follow-up visits are necessary to ensure that mothers take it regularly. In one instance a caseworker was most distressed on returning from her own annual leave to find that one of her mothers had lapsed during her absence and a pregnancy resulted. The effect which limitation of the family has on the problem family as a whole is demonstrated by this extract from the report of one of the caseworkers :—

"One case that was closed as satisfactory had been opened in 1961 and visited constantly. The children growing older, the family moving to a better house and the mother going out to work all helped to put this family in a more comfortable position. Due to the father's continued illness problems never fail to arise but the mother is now well able to cope and she *feels* that she can cope, which is perhaps more important."

Voluntary organisations have been most generous in helping to bring some relief into these families in the way of entertainment. In June twenty mothers and fifty-five children were given a day's outing at the seaside by the local Red Cross Society. The family caseworker reports that for many it was the first time they had seen the sea, and the outing was much enjoyed. One family was given a week's caravan holiday by the Rotary Club and all benefited greatly from it. One of the caseworkers, at the request of several of her families, organised a party of about 40 mothers and children to go to a pantomime at Coventry Theatre at Christmas.

REGISTRATION OF NURSING AND MATERNITY HOMES
NURSING AND MATERNITY HOMES ON REGISTER,
(At time of going to Press)

		<i>Home.</i>	<i>No. of Beds.</i>		
			<i>Maternity.</i>	<i>Other.</i>	<i>Total.</i>
Sutton Coldfield M.B.		“ Hartopp Court,” 26, Hartopp Road, Four Oaks.	—	31	31
		“ Roxton,” 154, Birmingham Road, Sutton Coldfield.	—	23	23
		“ Sutton Coldfield,” 71, Lichfield Road, Sutton Coldfield.	—	14	14
		The Warwickshire Cheshire Home, 39, Vesey Road, Sutton Coldfield.	—	16	16
Eastern Area.	*	“Moultrie,” 7, Moultrie Road, Rugby.	—	16	16
Central Area.		“ Alveston House” 14, Warwick New Road, Leamington Spa.	—	22	22
	†	“ Claremont,” 19, Beauchamp Avenue, Leamington Spa.	—	41	41
		“ Dunara,” 34, Lillington Road, Leamington Spa.	—	14	14
		“ Eversleigh,” 2, Clarendon Place, Leamington Spa.	6	7	13
	†	Lapworth Convalescent Homes Ltd., Chessetts Wood Road, Lapworth.	—	15	15
		“ River Park,” Blackdown, Leamington Spa.	10	14	24
		Royal Midland Counties Home for Incurables, 93, Lillington Road, Leamington Spa.	—	47	47
1967 Number of Homes	12	Number of Beds	16	260	276

† Also registered as a mental nursing home.
* Home opened in 1968.

NUMBER OF CASES ADMITTED TO CONVALESCENT HOMES
1968.

				<i>Men.</i>		<i>Women.</i>		<i>Pre-School Children.</i>		<i>Total</i>	
				<i>No. of Cases.</i>	<i>Total Weeks.</i>	<i>No. of Cases.</i>	<i>Total Weeks.</i>	<i>No. of Cases.</i>	<i>Total Weeks.</i>	<i>No. of Cases.</i>	<i>Total Weeks.</i>
Sutton Coldfield M.B.	..			1	2	4	8	—	—	5	10
Nuneaton M.B.	..			4	7	7	14	—	—	11	21
Atherstone/Bedworth Area	..			2	4	9	19	—	—	11	23
Eastern Area	..	..	..	—	—	3	6	—	—	3	6
North-Western Area	..	..		3	6	11	22	—	—	14	28
Central Area	..	..	..	4	8	11	21	1	1	16	30
Southern Area	..	..	..	2	4	4	8	—	—	6	12
Totals 1968	..	..	..	16	31	49	98	1	1	66	130

Health Visiting.

The role of the health visitor as a social worker has been disparaged by the Seebohm Committee, who state "In our view, the notion that health visitors might further become all-purpose social workers for general practice is misconceived". The following extract of a day in the diary of a health visitor suggests that the health visitor *is* the ideal all-purpose social worker and that duplication of the work she undertakes is not only likely to increase public expenditure but to impose on the public more personnel and more visits than they may wish to tolerate :—

9 a.m. Explanation to mother of two children suffering from squint, and who did not wish them to wear glasses, of the cause, treatment and long-term alternatives open to the children, i.e. to become spectacle-free teenagers with near-perfect sight or to grow up with odd sight and perhaps maladjustment. Persuaded mother to visit general practitioner, made appointment and left explanatory note for practitioner.

10 a.m. Visited geriatric patient living under terrible conditions. Completed housing form. Gradually drew word picture of modern old person's bungalow—warmth, dryness, congenial neighbours, easy housework, pleasant surroundings for grandchildren's visit. Answered questions on arthritis.

10-45 a.m. Routine visit to new mother on birth notification. Discovered that premature baby retained in hospital was being sent home that night to impossible circumstances, mother being 25 years old with four other children and a history of mental instability, and having to take one child to children's hospital 20 miles away for in-patient treatment, visit another awaiting operation in hospital 15 miles away and care for a child recently returned home after 2 years in care. Visited doctor's surgery to delay baby's discharge; contacted children's hospital to arrange child's transfer to hospital nearer home; made appointment to take mother to doctor's surgery the same evening to discuss family planning; returned to house to confirm arrangements made.

12-15 p.m. Routine visit to local E.S.N. school, where boy suffering from toothache had had treatment refused because of lack of signed permission from parents.

12-30 p.m. Visited boy's home, got papers signed, made further appointment with dentist.

2-15 p.m. Collected boy and took to dentist for removal of tooth. Took him home and explained care and treatment to educationally subnormal mother. Diet and general welfare discussed.

4-45 p.m. Routine visit to 18 year old girl with muscular dystrophy. Subsequently contacted head teacher of old school, Youth Employment Service, Education Special Services Department, local Welfare Department and local vicar with a view to finding something with a purpose for her to do. Requested by mother not to let the girl know that her illness was incurable. All the girl's medical questions answered in medical terms and similar conditions described so that she had convincing answers which did not destroy her will to persevere.

5-30 p.m. Telephone call from mother with two months old baby to say she had quarrelled with the man with whom she was living and could I find her accommodation. Asked her to ring back later in the evening when I had spoken to the man on his return from work; also spoke to general practitioner, who will see her.

6 p.m. Collected new mother to keep appointment at doctor's surgery, while father looked after other children. Doctor decided sterilisation was the best answer. Returned home with mother for long discussion with her and husband on all aspects of this operation and its result. Suggested temporary foster care for new baby during time of operation.

8-30 p.m. Arrived home to find telephone message from physically handicapped lady, whom I visit regularly, to the effect that she had had an accident to her foot. She lives alone and has no family to help her, so I went out again. The office and I have managed to get her transferred from her damp rented house to a warm dry bungalow but I now have to try to get her to take an interest in something outside the house in readiness for the day when she has to give up working."

The health visitor pointed out that it is rare for so many problems to occur on one day but does stress the frequency with which, when visiting a house on a normal routine visit, the mother poses a problem—perhaps needing medical reassurance, advice on handling teenagers or even over incest or larceny. She continued "we are called upon to visit a home because nursing advice is thought necessary, and this is certainly given, but in most cases social guidance is needed and the one is useless without the other. Most of the time people are not aware that we are helping them; we like them to think they have worked it out for themselves, and we usually work underground with other Departments. If our efforts come to fruition it is the Statutory Department which is given the credit!"

HEALTH VISITING.

		1966	1967	1968
Total Number of Births		10,464	10,283	10,641
Children under 5 yrs.	Children Visited	42,415	40,039	43,476
	Total Visits	122,713	120,155	121,008
Ante-Natal	Persons Visited	1,688	1,809	1,687
	Total Visits	2,733	2,903	2,599
Persons Aged 65 and over	Persons Visited	3,823	4,970	5,519
	Total Visits	11,975	16,448	15,499
Mental Health	Persons Visited	102	137	227
	Total Visits	370	753	840
Tuberculosis	Households Visited	655	486	402
	Total Visits	1,267	925	681
Other Cases	Persons Visited	1,775	1,792	2,548
	Total Visits	2,991	3,398	4,909
School Nursing	Total Visits	6,022	5,932	5,763

During the year health visitors paid 121,000 visits to 43,500 children under five years of age. They now have the added responsibility of ensuring that the standards in child minder establishments and in playgroups are being maintained. The rapid growth in the number of these establishments means that the work involved for the health visitor has increased considerably and whilst those running these groups of children must by law maintain the approved standards and subject their premises to inspection, the service to them is provided free of charge.

During the year health visitors also paid visits to nearly 1,700 expectant mothers and made 5,700 school nursing visits. The greatest increase in their visits has, however, been to persons aged over 65 years. These are the highest figures yet recorded—5,500 persons were visited and the number of visits totalled 15,500.

The Care and After-Care Scheme issues equipment free of charge on short loan, and the amount issued can be seen from the Table on page 20. Whilst much of it is required for the nursing, by district nurses, of people who are bed-ridden, there is a vast amount of ancillary equipment which is recommended and its use supervised by the health visitors for ambulatory cases. For instance, during 1967 nearly 400 invalid folding chairs, 600 walking aids and walking sticks were issued. All these people are visited regularly and, as in the case of visits to the elderly, it is part of the health visitor's task to observe any change in their physical or mental condition which may require advice from the general practitioner, and to detect the need for any change in their mode of living, such as more home help hours or accommodation in an old people's home.

The chiropody table on page 18 reveals that the total number of treatments has increased by 50% since 1965. The majority of these were for elderly and infirm people, for whom the health visitor obtains treatment either at a clinic or in the person's own home.

There is a co-ordinated approach to the handling of problem families. Those families with the gravest difficulties are referred to the problem family workers, but it is usually the health visitor who makes such referral, after having kept under regular observation the considerable number of border-line families where there is often a history of mental illness in one or both parents. In this way and with the help, where appropriate, of the mental welfare officer, any signs of a deteriorating family situation can be dealt with at the earliest possible moment.

Like the problem family workers, the health visitors are implementing the scheme whereby social cases receive free family planning advice and supplies. They are aware of those families where another child would place a heavy strain on the mother's health or ability to cope and perhaps prove to be the breaking point. They exercise patience and perseverance in persuading such mothers to seek family planning advice and aid, usually taking the mothers themselves to the doctor or clinic.

It has been possible to arrange for health visitor attachment to most practices in the County where this has been requested. Some doctors who at first were not eager for such attachment are now realising the value of having a health visitor working alongside them. Examples of the type of work done by a health visitor attached to a practice are as follows :—Geriatric patients showing signs of depression are helped by the health visitor to take advantage of the facilities provided for social intercourse and meals by voluntary organisations. Genuine school absences can be confirmed as such and the health visitor can follow up, with the teachers and welfare officer, the underlying problem. Many patients attend the surgery exhibiting signs of illness when the basic trouble may be marital or other social problems with which the health visitor gives help and advice. She assists with the teenage problems about which some mothers visit their general practitioners, with housing problems which may be revealed during the consultation with the doctor and with the feeding problems which may precipitate a visit to the surgery by an inexperienced or inadequate mother because her child is vomiting or in pain.

NURSING SERVICES.

The staff of the County's Nursing Services during 1968 was made up as follows :—

		<i>Whole-time</i>	<i>Part-time</i>	<i>Total Equivalent Whole-time</i>	
Nursing Officers	SRN/SCM/HV	9		9	
Deputy Nursing Officers	SRN/SCM/HV	6		6	
District Nurse Tutor		1		1	
Midwives		52	7	56.6	
District Nurses	SRN SEN	68 8	17 7	74.8 11	With D.N. Training 67% 26.6%
Nursing Attendants			11	4.3	—
District Nurse/Midwives	SRN/SCM SEN/SCM	28 2	3	29.6 2	80.6% —
District Nurse/Midwife/Health Visitor	SRN/SCM/HV	8		8	100%
Health Visitor	HV	93	10	97.3	
Clinic Nurses	SRN SEN		19 3	5.4 1.3	

FAMILY PLANNING ASSOCIATION CLINICS IN WARWICKSHIRE.

<i>Clinic</i>	<i>Telephone Number</i>	<i>When held.</i>
SUTTON COLDFIELD Holland Street.	Sutton Coldfield 2943 & 4405*	Tues. 7-8.30 p.m. Fri. 7-8.30 p.m.
196 Boldmere Road.	Sutton Coldfield 4748*	Mon. & Wed. 7-8.30 p.m.
Mere Green Road.	Four Oaks 0083 & 0625*	Mon. 9.30-11.30 a.m. (I.U.D. Clinic) Tues. 7-8.30 p.m.
Churchill Road	Sutton Coldfield 6550*	1st Wed. 9.30-11.30 a.m.
NUNEATON Riversley Park.	Nuneaton 4402, & 5881*	Thurs. 7-9 p.m.
New Maternity Hospital, Heath End Road.	Nuneaton 4402 & 5881 (Thursday evenings)	1st & 3rd Tues. 9.30-11.30 a.m. (I.U.D. Clinic)
BEDWORTH Newtown Road.	Bedworth 3391*	2nd, 4th & 5th Mon. 7-9 p.m.
ATHERSTONE Long Street.	Atherstone 3193 & 2208*	1st, 3rd & 5th Wed. 7-9 p.m.
RUGBY Temple Street.	Rugby 3987* & 3880	Mon. 2-4.30 p.m. Wed. 7-9 p.m.
CASTLE BROMWICH Hurst Lane.	Castle Bromwich 2977* & 7364	1st & 3rd Tues. 7-9 p.m.
KINGSHURST Marston Drive.	Castle Bromwich 7364 & 5828*	2nd & 4th Tues. 9.30-11.30 a.m.
MARSTON GREEN Land Lane.	Marston Green 2195 & 3833*	2nd Tues. 7-9 p.m.
LEAMINGTON SPA Shrubland Street.	Leamington Spa 23736* or write to Secretary Barford 479 for I.U.D. appointments	Mon. 6-8 p.m. 1st & 3rd Wed. 7-9 p.m. and 2nd & 4th Thurs. 2.30-4 p.m. 2nd & 4th Wed. 6.30-8.30 p.m. (I.U.D. Clinic)
STRATFORD Alcester Road.	Stratford-on-Avon 5651	1st Tues. 10-12 noon. 2nd, 3rd & 4th Thurs. 7-9 p.m.

All clinics for caps and oral contraceptives unless otherwise stated.

*Telephone number to be used only during clinic sessions.

CHILD HEALTH CLINICS.

Where held.			When held (all meetings at 2 p.m. unless otherwise stated).	Average No. of children attending each session.	Number of children who attended during the year and who were born in:			Total.
					1968	1967	1963-66	
SUTTON COLDFIELD M.B.								
Bannersgate ..	Reay Nadin Drive ..	C.P.	Alt. Fri. p.m. (T) alt. a.m.	26	94	114	308	516
Boldmere ..	Boldmere Road ..	C.A.	Tues. & Thurs. p.m. (T) alt. Thurs. a.m.	23	214	252	644	1,110
Falcon Lodge ..	Churchill Road ..	C.P.	Tues. & Thurs. p.m. (T) Wed. a.m. except 1st in month	24	218	238	685	1,141
Four Oaks ..	Mere Green Road ..	C.P.	Mon. & Wed. p.m. (T) Tues. & Fri. a.m.	25	278	318	872	1,468
Hill ..	Harrison Road ..	C.P.	Thurs. p.m. (T) Tues. a.m.	22	94	112	353	559
Minworth ..	Kingsbury Close ..	C.P.	Alt. Tues. p.m.	20	18	27	69	114
Sutton Coldfield ..	49, Holland Street ..	C.A.	Mon. & Wed. p.m. (T) alt. Tues. a.m.	25	185	205	421	811
Walmley ..	Walmley Road ..	C.S.	Thurs. p.m. (T) 1st & 3rd Tues. a.m.	25	94	118	284	496
†Wylde Green ..	Birmingham Road	C.P.	Tues. & Thurs. p.m. alt. Fri. p.m.	9	118	37	22	177
TOTAL				—	1,313	1,421	3,658	6,392
NUNEATON M.B.								
Attleborough ..	Whitestone Clinic, Magyar Crescent ..	C.P.	Tues. p.m. Thurs. 9.30 a.m. (T) as required	22	99	96	246	441
Camp Hill ..	Ramsden Avenue ..	C.P.	Tues. & Thurs. p.m.	45	246	235	351	832
Galley Common ..	St. Peter's Hall ..	C.S.	Fri. p.m.	18	20	29	56	105
Riversley Park ..	Coton Road ..	C.A.	Mon. & Wed. p.m. (T) as required	32	248	184	146	578
Stockingford ..	Cross Street ..	C.A.	Mon. & Wed. p.m. (T) as required	28	197	225	483	905
Weddington ..	St. Nicholas' Clinic, Windermere Avenue	C.P.	Tues. p.m. Wed. 9.30 a.m. Special Sessions Tues. 9.30 a.m.	25	179	97	58	334
TOTAL				—	989	866	1,340	3,195
ATHERSTONE AND BEDWORTH AREA.								
*Anley ..	Social Club ..	C.S.	Now closed	25	41	52	64	157
Atherstone ..	Long Street ..	C.P.	Wed. & Fri. p.m.	38	201	172	279	652
Baddesley Ensor ..	Liberal Club ..	C.S.	Thurs. p.m.	30	69	52	113	234
Bedworth ..	Newtown Road ..	C.A.	Mon. & Thurs. p.m. Wed. a.m.	56	458	370	304	1,132
Bulkington ..	Chequer Street ..	C.P.	Wed. & Thurs. p.m.	43	131	148	294	573
Dordon ..	Parish Hall ..	C.S.	Alt. Mon. p.m.	38	60	93	100	253
Hurley ..	Village Hall ..	C.S.	Alt. Mon. p.m.	23	33	28	29	90
Keresley Newlands	Thompsons Road ..	C.P.	Tues. p.m. (T) 2nd Thurs. a.m.	36	103	106	243	452
Kingsbury ..	Methodist Hall ..	C.S.	Alt. Tues. p.m.	31	43	45	39	127
Newton Regis ..	Village Hall ..	V.S.G.	Alt. Wed. p.m.	24	27	30	38	95
Polesworth ..	Memorial Hall ..	C.S.	Tues. p.m. Fri. a.m.	48	203	152	190	545
†Wood End ..	Youth Centre ..	C.A.	Alt. Thurs. a.m.	32	35	22	16	73
TOTAL				—	1,404	1,270	1,709	4,383
EASTERN AREA.								
Bilton ..	Bilton Road ..	C.P.	Mon. & Wed. p.m.	37	311	258	434	1,003
Binley ..	Village Hall ..	C.S.	1st & 3rd Tues. 2nd & 4th Wed.	33	75	76	114	265
Brinklow ..	Church Rooms ..	V.S.G.	1st & 3rd Wed. p.m.	27	39	28	122	189
*Church Lawford	R.A.F. Married Qtrs.	C.S.	Now closed	14	3	10	24	37
Clifton-on-	Townsend Memorial							
Dunsmore ..	Hall ..	C.S.	2nd Thurs. p.m.	17	30	14	20	64
Dunchurch ..	W.I. Hall ..	C.S.	2nd & 4th Thurs. p.m.	15	23	25	52	100
Hillmorton ..	Coton Road ..	C.P.	Mon. p.m.	48	141	141	122	404
Long Lawford ..	Memorial Hall ..	C.S.	2nd & 4th Tues. p.m.	19	33	34	44	111
Newbold ..	Church Hall ..	C.S.	1st & 3rd Fri. p.m.	16	33	36	44	113
New Bilton ..	Methodist Church Hall, Lawford Road	C.S.	Wed. p.m.	43	107	95	148	350
Rugby ..	Temple Street ..	V.A.	Tues. & Fri. p.m.	31	231	225	261	717
Stretton-on-								
Dunsmore ..	Village Hall ..	C.S.	1st & 3rd Thurs. p.m.	31	53	66	80	199
Wolston ..	Village Hall ..	C.S.	2nd & 4th Thurs. p.m.	21	37	31	64	132
Wolvey ..	Village Hall ..	C.S.	2nd & 4th Tues. p.m.	26	31	54	91	176
TOTAL				—	1,147	1,093	1,620	3,860
NORTH-WESTERN AREA.								
Arley ..	St. John's Ambulance Hall ..	V.S.G.	Alt. Tues. p.m.	23	30	30	19	79
Balsall Common ..	St. Peter's Church Hall ..	C.S.	1st & 3rd Wed. p.m.	41	69	77	52	198
Castle Bromwich	Hurst Lane ..	C.P.	Tues. & Thurs. p.m.	17	112	111	231	454
†Chelmsley Wood	Crabtree Drive ..	C.A.	Wed. p.m.	30	172	76	109	357
Coleshill ..	C.D. Centre ..	V.S.G.	Mon. p.m.	29	97	109	84	290
Fillongley ..	Village Hall ..	C.S.	1st Fri. p.m.	21	22	29	39	90
Hampton-in-Arden	Women's Institute ..	C.S.	1st & 3rd Thurs. p.m.	26	19	28	27	74
Keresley ..	Welfare Centre Hut	C.S.	Thurs. p.m.	16	59	53	96	208
Kingshurst ..	Marston Drive ..	C.P.	Mon. & Fri. p.m.	31	241	254	506	1,001
Marston Green ..	Land Lane ..	C.S.	Fri. 10 a.m.	27	70	76	145	291
Meriden ..	Village Hall ..	C.S.	2nd & 4th Mon. p.m.	33	50	48	92	190
Middleton ..	Village Hall ..	C.S.	2nd Wed. 10 a.m.	12	7	8	9	24
Nether Whitacre ..	Methodist Room ..	C.S.	3rd Mon. p.m.	15	16	14	28	58
Water Orton ..	Coleshill Road ..	C.P.	Wed. p.m.	27	70	72	144	286
TOTAL				—	1,034	985	1,581	3,600

Where held.				When held (all meetings at 2 p.m. unless otherwise stated).	Average No. of children attending each session.	Number of children who attended during the year and who were born in:			Total.
						1968	1967	1963-66	
CENTRAL AREA.									
Baginton	Village Hall ..	C.S.	4th Mon. p.m. (Closed 30.9.69)	13	7	13	14	34	
Barford	Village Hall ..	C.S.	3rd Wed. 10 a.m.	27	14	19	49	82	
Bishops Itchington	Memorial Hall ..	V.S.G.	2nd & 4th Wed. p.m.	41	38	39	45	122	
Bishops Tachbrook	Victory Club ..	C.S.	2nd & 4th Tues. p.m.	17	26	24	29	79	
Burton Green ..	Village Hall ..	C.S.	1st Wed. p.m. (Closed 30.9.69)	17	8	10	23	41	
Cubbington ..	Methodist Hall ..	C.S.	Alt. Tues. p.m.	25	38	42	21	101	
Fenny Compton..	Village Hall ..	V.S.G.	3rd Tues. p.m.	40	31	32	56	119	
Gaydon	R.A.F. Station ..	C.S.	2nd & 4th Thurs. p.m.	17	33	31	40	104	
Harbury	Village Hall ..	C.S.	2nd & 4th Wed. p.m.	30	35	46	46	127	
*Hatton	Village Hall ..	C.S.	Now closed	10	5	12	16	33	
Kenilworth ..	13, Smalley Place ..	C.P.	Tues. & Thurs. p.m.	34	289	268	198	755	
Lapworth.. ..	Village Hall ..	C.S.	3rd Wed. p.m.	29	25	13	24	62	
Leamington (Central) ..	62, Holly Walk ..	C.P.	Thurs. p.m. Fri. all day	37	325	443	374	1,142	
Leamington (Brunswick) ..	Shrubland Street ..	C.P.	Mon. & Wed. p.m.	33	179	205	196	580	
Lillington.. ..	Crown Way ..	C.P.	Thurs. & Fri. p.m.	27	179	157	189	525	
Long Itchington..	Village Hall ..	C.S.	1st & 3rd Wed. p.m.	15	23	23	30	76	
Napton	Village Hall ..	C.S.	1st Tues. p.m.	23	12	17	46	75	
Radford Semele..	Village Hall ..	C.S.	2nd Tues. p.m.	23	25	29	26	80	
Southam	C.W.C. Hut ..	V.S.G.	Tues. p.m.	32	103	94	136	333	
Stockton	Village Hall ..	C.S.	3rd Thurs. p.m.	21	8	13	22	43	
Stoneleigh ..	Village Hall ..	C.S.	3rd Mon. p.m. (Closed 30.9.69)	10	7	6	17	30	
Warwick	Cape Road.. ..	C.P.	Mon. & Fri. p.m.	21	187	225	226	638	
Whitnash.. ..	Murcott Road ..	C.S.	Fri. p.m.	35	90	78	50	218	
TOTAL				—	1,687	1,839	1,873	5,399	
SOUTHERN AREA.									
Alcester	Priory Road ..	V.S.G.	Alt. Fri. p.m.	52	87	79	77	243	
Alderminster ..	Village Hall ..	C.S.	4th Wed. p.m.	13	7	12	9	28	
Aston Cantlow ..	W.M.C. (Caravan)	C.S.	1st Mon. p.m.	16	15	17	15	47	
*Bearley	W.I. Hut. ..	C.S.	Now closed	6	3	4	5	12	
Bidford-on-Avon	Welfare Hut ..	C.S.	Tues. p.m.	17	44	46	54	144	
Brailes	Village Hall (Caravan)	C.S.	3rd Wed. p.m.	9	8	10	14	32	
*Clifford Chambers	Jubilee Hall ..	C.S.	Now closed	—	—	—	1	1	
Earlswood	Village Hall ..	V.S.	2nd & 4th Mon p.m..	25	30	41	31	102	
Ettington	White Horse Car Park (Caravan) ..	C.S.	2nd Thurs. p.m.	18	20	19	16	55	
Henley-in-Arden..	Public Hall ..	V.S.G.	Alt. Mon. p.m.	46	44	54	49	147	
Hillcrest	Trailer Park (Caravan)	C.S.	1st Thurs. a.m.	29	20	28	18	66	
Hockley Heath ..	King George VI Memorial Hall ..	C.S.	1st & 3rd Tues. p.m.	14	22	27	34	83	
Kineton	Village Hall ..	V.S.G.	Alt. Fri. p.m.	37	51	43	91	185	
Long Compton ..	Village Hall ..	C.S.	4th Tues. p.m.	10	8	7	11	26	
Newbold-on-Stour	Village Hall ..	C.S.	2nd Wed. p.m.	18	31	19	14	64	
Quinton	W.I. (Caravan) ..	C.S.	2nd Mon. p.m.	8	12	11	7	30	
Salford Priors ..	Village Hall ..	C.S.	3rd Mon. p.m.	16	17	11	22	50	
Snitterfield ..	Village Hall (Caravan)	C.S.	3rd Wed. a.m.	5	2	6	14	22	
Stratford-upon- Avon	County Area Offices, Alcester Road ..	C.P.	Tues. & Wed. p.m.	28	245	210	80	535	
Studley	40, High Street ..	C.P.	Thurs. p.m.	59	133	131	129	393	
Tanworth-in-Arden	Village Hall (Caravan)	C.S.	1st Wed. p.m.	22	18	17	29	64	
Tysoe	Village Hall (Caravan)	C.S.	2nd Tues. a.m.	13	11	18	13	42	
Welford-on-Avon	Memorial Hall (Caravan) ..	C.S.	4th Wed. a.m.	20	16	22	26	64	
Wellesbourne ..	Village Hall ..	C.S.	Thurs. p.m. except 5th in month	30	104	108	86	298	
†Wilmcote	Men's Club Hall ..	C.A.	4th Mon. p.m.	13	10	14	22	46	
Wootton Wawen	Village Hall (Caravan)	C.S.	Alt. Fri. p.m.	18	27	23	34	84	
TOTAL				—	985	977	901	2,863	
COUNTY TOTAL				—	8,559	8,451	12,682	29,692	
NEW CLINICS OPENED IN 1969:									
Baddesley Ensor	Old People's Centre	C.P.	Thurs. p.m.	Replaced clinic held at the Liberal Club. Temporary until opening of new clinic.					
Chelmsley Wood	Craig Hall ..	C.A.	Fri. p.m.						
C. Clinic administered by the County Council and wholly maintained by them. V. " " " by a voluntary committee G. Grant paid to voluntary committee based on overhead expenditure. P. Purpose built clinic. A. Premises adapted for use as a clinic. S. " occupied by the Council or voluntary committee on a sessional basis. (T) Special toddler clinics also held.									

Voluntary Work in Warwickshire.

The County Council has always been indebted to organisations and people who have given valuable time, enthusiasm and practical help on a voluntary basis to assist and complement the services provided by the Health Committee and other Committees. It was in recognition of this and in particular as a tribute to the late Mrs. B. E. BATT of Rugby, once Secretary of the Warwickshire Federation of Voluntary Child Welfare Centres and a typical representative of her generation, that the work of the voluntary workers and the health visitors in the County's Infant Welfare Centres over the past sixty years was selected as the subject for the address at the annual meeting attended by over one hundred voluntary workers held in the Great Hall of the Lord Leycester Hospital, Warwick on Tuesday, 29th October, 1968. Warwickshire was the first County to appoint a health visitor, Miss Mildred LOWE, in 1903 and the first voluntary infant welfare centre started in Leamington Spa in 1908. For her pioneer work, Miss LOWE was awarded the M.B.E. and the rural scheme of voluntary welfare centres was, for a time, known nationally as "The Warwickshire System".

Warwickshire now has 100 centres and approximately 500 voluntary workers. Among our senior voluntary workers there are still a few of the pioneer generation, who have continued to serve for more than fifty years. Many others are carrying on what has become a family tradition of voluntary work in association with the work of the County's health visitors for the young mothers of their community. There are ladies carrying out voluntary work in Warwickshire clinics whose mothers and grandmothers pioneered this work as members of The Warwickshire Federation of Voluntary Child Welfare Centres long before Infant Welfare became the statutory responsibility of Local Health Authorities and who are very proud to point out that they themselves were among our first "clinic babies".

The Health Committee will be aware that voluntary work in the County has not ended here. Contrary to popular belief voluntary organisation and contribution are increasing. Despite the great increase in statutory provisions for health and social welfare which has occurred since the second world war there has been a concomitant increase in voluntary activity, much of which reflects the pioneering spirit of previous generations. We are witnessing an increase in voluntary enthusiasm along two broad channels. First there is an increased endeavour by groups of able and informed people who feel themselves to be more fortunate and responsible and wish to contribute in a personal way to the alleviation of the problems of the less fortunate. I have in mind here the activities of such organisations as Women's Royal Voluntary Service, Townswomen's Guilds, Women's Institutes, Ladies' Inner Wheel Clubs, Rotary Clubs, local "Lions" clubs, "Buffaloes" clubs and similar organisations, British Red Cross Society and St. John Ambulance Brigade, Disablement Fellowships and welfare committees elected by workers in local industries. Though the activities of these groups are not closely associated with the functions of the Health Committee they contribute enormously to the welfare and happiness of handicapped persons and children by their local donations of money, presents, equipment, transport and above all personal time to handicapped adults and children and to the aged and sick in our community and to our special schools and training centres. The second development in voluntary effort is the ever increasing group of voluntary organisations now being formed to assist and sometimes to promote work on behalf of persons with specific problems or handicaps. I have in mind here the Family Planning Association, various Associations of handicapped persons, Friends of Hospitals, Societies for parents of handicapped children and various "Action" groups.

It would be impossible to give a complete list of all the organisations assisting the Health Committee in carrying out its services to those in need, though we are no less grateful to any organisation which I have not specifically named. It should also be remembered that many voluntary workers serve in more than one capacity and that many Council members and staff, and their families, contribute in a voluntary capacity in their own time and after retirement and thus the co-ordination between the County's statutory functions and the work of voluntary organisations is real in personal terms. The debt we owe to voluntary workers in the County is immeasurable and whatever may be the future of those services which are at present defined as Local Health Services I feel it is timely to warn those planning any re-design of Health Services that the past, present and potential contribution of voluntary help and the retention of voluntary "goodwill" can be ignored and omitted from such plans only at the risk of jeopardising the entire service.

**SCHEME FOR THE CARE OF THE ILLEGITIMATE CHILD
AND ITS MOTHER.**

NEW CASES NOTIFIED IN YEAR ENDED 31ST DECEMBER, 1968.

<i>Source of referral.</i>	<i>Number of cases notified.</i>			
	<i>Requiring ante-natal or post-natal accommodation, help, and advice.</i>	<i>Requiring help and/or advice only.</i>	<i>Not requiring help or advice.</i>	<i>Total.</i>
Ante-natal				
Moral Welfare Societies	26	15	1	42
Medical Officers, Nurses and Midwives	13	42	12	67
General Practitioners	38	38	1	77
Hospital Almoners and Matrons ..	33	78	2	113
Self-referred	25	20	—	45
Miscellaneous Sources	21	38	3	62
Post-natal				
Birth Notifications	1	30	94	125
Other Sources	—	—	—	—
TOTALS 1968	157	261	113	531
TOTALS 1967	166	234	111	511

Medical Centres, Health Centres and Clinics.

Co-operation between the local authority services and the general practitioner services has continued to develop in three distinctly separate ways in the County.

(1) The photograph shows a medical centre that has been designed and developed by a group of four doctors at Shipston-on-Stour. Provision has been made for the local authority service, and this accommodation will be rented from the group practice. Plans are shown of a medical centre at Chelmsley Wood, where a local authority clinic, private dental surgeries and group practice surgeries have been built by the local authority. The group practice and the dentists are to purchase these premises. In Sutton Coldfield a purpose-built clinic had already been designed and the adjacent piece of land was purchased by a group practice who then designed and developed their own surgery accommodation in such a way that the two buildings are virtually one, as will be seen from the photograph.

(2) Full health centres are being developed at Kingsbury and Bedworth, which are both in the northern part of the County. Full co-operation has been given by the Executive Council and by the group practices concerned. Plans for the Kingsbury Centre are well advanced and have been submitted to the Department of Health and Social Security.

(3) In two country areas (Studley and Water Orton), where the use of the clinics was limited, accommodation has been rented to two group practices. Consequently there is now full use of the buildings, with the two services interrelated.



COUNTRY
CLINICS

BULKINGTON



CARAVAN CLINIC



EARLSWOOD
VILLAGE HALL

MOTHERS AND
VOLUNTARY WORKERS
COLESHILL WELFARE
CENTRE 1913



TOWN CLINICS



LILLINGTON



ALCESTER



NUNEATON
(WEDDINGTON)

LEAMINGTON SPA
(CENTRAL)





NURSES HOUSING

IN TOWN
Coleshill

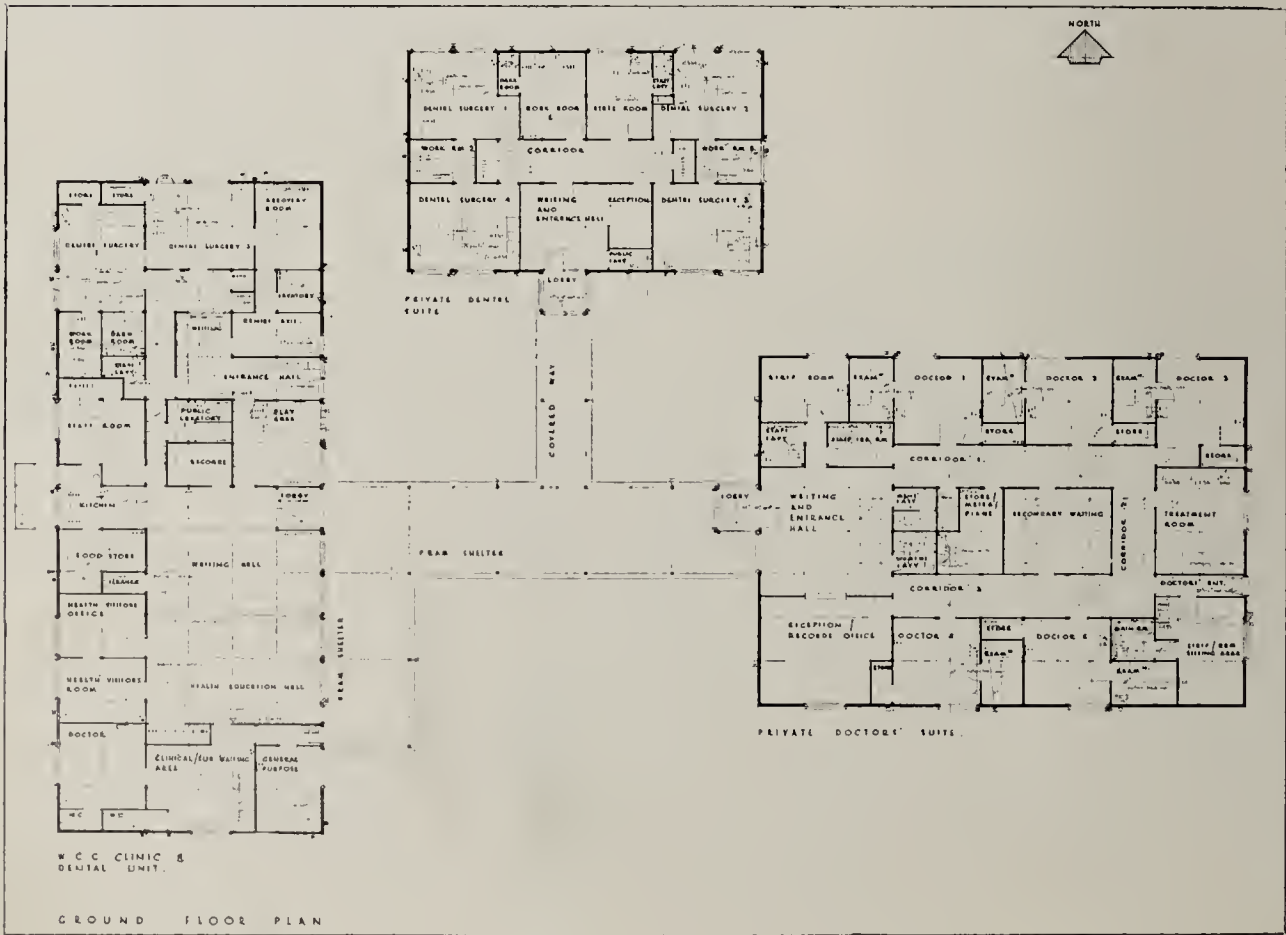
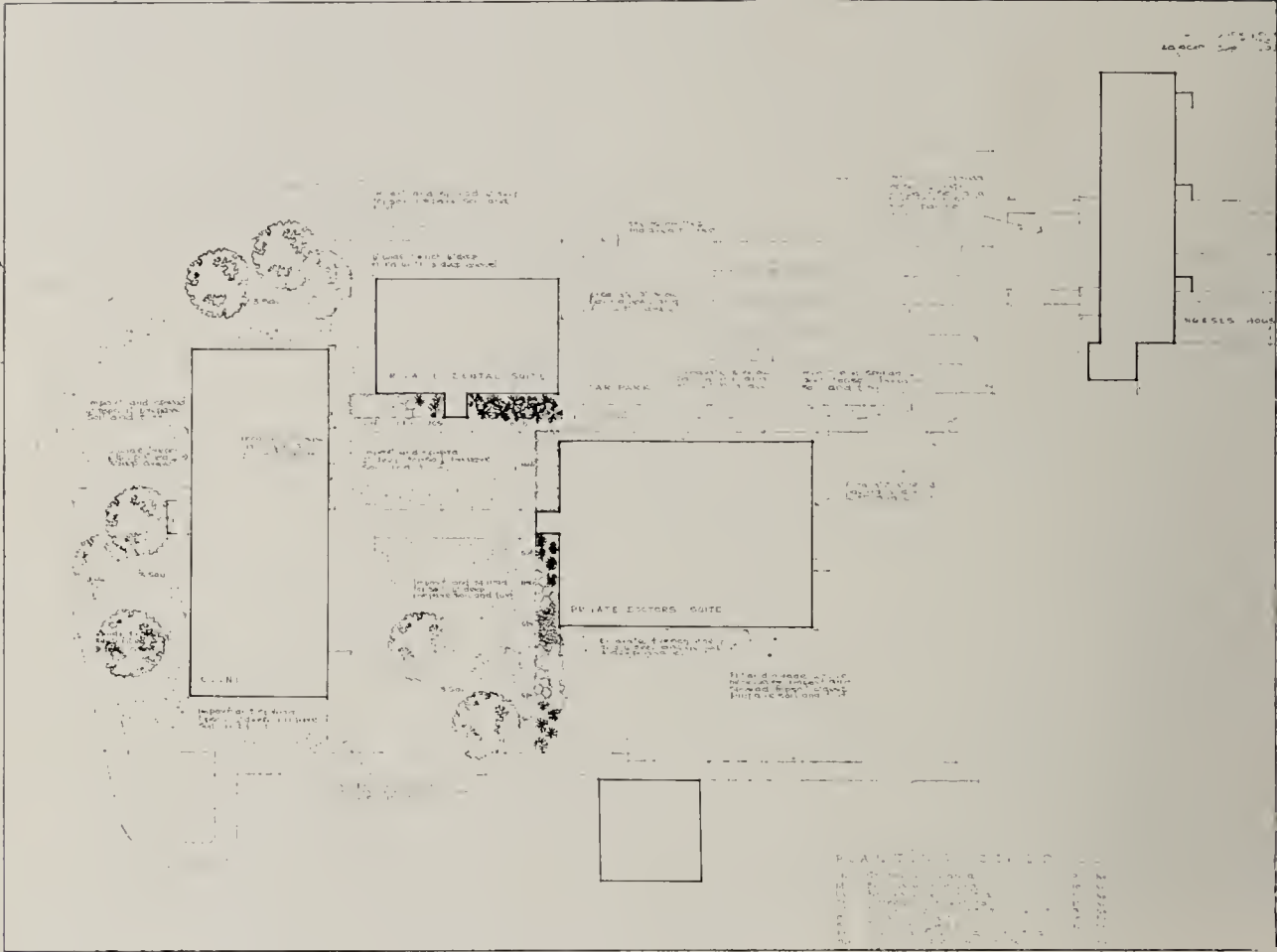


FLATS
OVER CLINIC
Lillingdon



IN THE
COUNTRY
Balsall Common

NEIGHBOURHOOD UNIT IN A NEW DEVELOPMENT AREA (CHELMSLEY WOOD)



MEDICAL CENTRES
BUILT BY
GENERAL
PRACTITIONERS



At Shipston-on-Stour



Adjoining a Clinic at
Sutton Coldfield

AMBULANCE
SERVICE



WARWICK DEPOT





Coleshill

MENTAL HEALTH TRAINING CENTRES

JUNIOR

Warwick



ADULT

Warwick

Warwick



MENTAL HEALTH SERVICES—ACCOMMODATION.

Warwickshire County Council Accommodation.	Places.		Occupancy. 30th June, 1969
	Day.	Resident.	
<i>Junior Training Centres.</i>			
Brooke J.T.C., Merttens Drive, Rugby	50	12 short stay	43
Ridgeway J.T.C., Montague Road, Warwick ..	50	12 short stay	63
Leyland J.T.C., Leyland Road, Nuneaton	50	12 short stay	56
Longmoor J.T.C., Coppice View Road, Sutton Coldfield	50	12 short stay	40
Blythe J.T.C., Packington Lane, Coleshill	50	12 short stay	56
			258
A new Junior Training Centre is in course of erection at Stratford-upon-Avon. Further centres are proposed for Bedworth and Chelmsley Wood.			
<i>Adult Training Centres.</i>			
Emscote A.T.C., Nelson Lane, Warwick	60	—	64
Holbrook Avenue A.T.C., Rugby*	43	—	33
St. Nicholas Hall, Upper Clifton Road, Sutton Coldfield (Part-time)*	12	—	15
Merevale A.T.C., Nuneaton*	36	—	34
			146
*Temporary premises, to be replaced. A new Adult Training Centre is in course of erection at Chelmsley Wood, and the three temporary centres above will be replaced in the near future. Further Centres are planned for Bedworth and Stratford-upon-Avon.			
<i>Hostels for Mentally Disordered Adults.</i>			
Wharf Street, Warwick	—	21	12
Willes Road, Leamington Spa	—	12	12
<i>Mental Nursing Homes Registered at 31st December, 1968.</i>			
<i>Nursing Home.</i>		<i>Beds for Mental Patients.</i>	
Claremont Nursing Home, Leamington Spa			4
Lapworth Convalescent Home, Lapworth			4
<i>Homes for Mentally Disordered Persons Registered at 31st December, 1968.</i>			
Hampton Manor, Hampton-in-Arden		28 places for females over 10	
27, Bilton Road, Rugby		3 short-stay places	

COUNTY MENTAL HEALTH SERVICE.

Care of the Mentally Ill.

Mentally Ill persons referred to Local Health Authority care in 1968	..	..	..	1,017
Mentally Ill persons in Local Health Authority care at 31/12/68	..	..	..	607
Admissions to Mental Hospitals arranged by Mental Welfare Officers:				
Compulsory powers under Mental Health Act, 1959	..	..	..	361
Informal Basis	..	..	..	248
Total Admissions	..	..	..	609

Care of the Mentally Subnormal.

Subnormal Persons referred to Local Health Authority in 1968—Under 16	..	..	34
16 and over	..	..	19
Severely Subnormal Persons referred—Under 16	..	..	33
16 and over	..	..	4
			90

Subnormal Persons under Local Health Authority care at 31/12/68.

(Hospital waiting list in brackets)	Under 16	..	..	67 (3)
	16 and over	..	..	423 (1)

Severely Subnormal Persons under Local Health Authority care at 31/12/68.

Under 16	..	..	202 (39)
16 and over	..	..	200 (3)
Total, all ages	..	..	892 (46)

Of the 46 on the hospital waiting list at 31/12/68, 27 were urgent.

Number of visits to the Mentally Subnormal by the Mental Welfare Officers and the Social Worker (Mental Health) during 1968

Number of admissions of the Mentally Subnormal to hospitals for temporary care during 1968	43
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Social Centres and Clubs.

2 Clubs catering for 54 mentally ill adults as at 31/12/68.

1 Club catering for 60 adult subnormals as at 31/12/68.

County Mental Health Service.

The mental health service falls naturally into two categories—one caring for those who are mentally disturbed and the other for those who are mentally subnormal. There are some patients with both characteristics, but on the whole patients come within one or other of the above categories.

Care of the Mentally Ill.

This work has been undertaken largely by mental welfare officers and their work during the year has involved the care in the community of over 1,000 newly-referred cases and over 600 cases still requiring follow-up visits.

The Seebohm Committee has not shown a true appreciation of the duties of these most valuable social workers, stating that much of their time is at present often taken up in the process of admitting and re-admitting patients to hospital. That this is untrue of Warwickshire's mental welfare officers is demonstrated by the extracts given below, taken at random from the files. They represent but a fraction of the total volume of evidence in our records of the active social work done by our mental welfare officers (even to the extent, in one instance, of going in over a week-end to prepare meals for an apathetic patient on the verge of another hospital admission), of their human understanding of the problems of the patients and the families who try to cope with frequent hospital discharges and their obvious knowledge of and use of all the medical and social agencies available to help. Yet the Seebohm Committee considers that only a new social service department of the kind it is proposing is capable of being "concerned with the whole family, learning how to make a family diagnosis and . . . able to take wide responsibility and mobilise a wide range of services."

"Mrs. . . . said she was not feeling too well. I informed her general practitioner, who said he would visit that day. I also contacted the Area Welfare Officer to see if there was any possibility of an early admission to an Old People's Home."

"Mr. . . . informed us that he had discharged himself from hospital and had no money. Arrangements were made for him to be paid an allowance from the Ministry of Social Security to see him over the week-end and for an officer from the Ministry of Social Security to visit him. He was also advised to re-register at the Labour Exchange. I went to see his former employers, and the Disablement Resettlement Officer at the Labour Exchange has promised to keep Mr. . . . in mind when any suitable employment is available."

"I talked with Mrs. . . . 's husband before leaving the home, and suggested that it might be helpful if the District Nurse called in from time to time, and he was agreeable to this. I also discovered that Mrs. . . . suffered with her feet. On my return to the office I talked the case over with the Area Medical Officer who agreed to make a chiropody appointment. On my next visit Mr. and Mrs. . . . were extremely pleased as they had been informed that an appointment had been arranged for Mrs. . . . to attend for chiropody and that ambulance transport had been arranged."

"He had said that the one person who had helped him very much in the past was his padre. In view of this I spoke to the local Priest who has promised to visit Mr . . . in hospital and try to keep in touch with him in the future. I have also spoken to "Ray" of the Alcoholics Anonymous and he has promised that he and members of his organisation will get in touch with this patient while he is in hospital and endeavour to do all they can on his discharge."

"Her baby is due later this month, and it is hoped that she will continue well during this difficult time. It is always likely, of course, that some deterioration might take place before or after this event, and regular visits will be made during this period. I also arranged to take her a pram which had been offered to me for a needy case."

"Mrs. . . . appeared reasonably well following her discharge from hospital, but was rather apathetic in manner and obviously somewhat depressed. Mr. . . . informed me that he could manage reasonably well but was finding it extremely difficult to cope with things like washing in addition to keeping up with his employment and doing a large part of the household work. Discussed this case with Home Help Organiser who promised to provide home help."

"I was able to persuade her to try to do the washing up and start on a little washing, and when I left the home she seemed to be a little brighter. I called at the factory where Mr. . . . works and was able to have a talk with him. He agreed with me that Mrs. . . . should return to hospital for a further period of treatment but said he would be unable to cope with the children if this did happen. I told him that I would contact the Child Care Officer and call and see him again later in the week."

"Visited to-day and took Mrs. . . . to her doctor's surgery as she needed medication. Dr. . . . and I discussed this case and it was suggested that an appointment should be made for Mrs. . . . at the family planning clinic. I told the doctor that I would consult the Area Nursing Officer with regard to an appointment."

"I called and saw the Personnel Officer and pointed out that it would greatly benefit Miss . . . if she could recommence employment as soon as possible. In view of this the Personnel Officer said he was prepared to help and would take her back but if her condition deteriorated again her suitability for employment would have to be seriously considered."

"This lady was worried because she understood that a bill for certain repairs had not been paid. I had arranged with the Ministry of Social Security for these repairs to be carried out and for the bill to be met by that department. I have therefore checked with the Ministry of Social Security who have confirmed that the bill has been paid. I will call at the earliest opportunity to let her know that there is no further need for her to worry about this account."

"Following phone call about patient's discharge contacted relative and discussed matter of patient's homecoming. She agreed to visit the home to see that everything was alright and said she would be at the house to welcome her. Contacted home help organiser and discussed case. Phoned hospital and indicated when it would be convenient for discharge to take place. Fetched Mrs. . . . from hospital and took her home. I stayed for a while getting to know her and arranged to call in again after the week-end. As this old lady lives alone I feel that frequent visits are indicated."

"I persuaded Mr. and Mrs. . . . to go on holiday for a few days but as there was only 50 minutes left before the coach departed, they told me they would not have time to catch it. I said that if they could put a few things together I would transport them to the departure point. This I did."

The Seebohm Committee's recommendation that the whole of the psychiatric after-care of the mentally ill should come under a new social service department is incredible. The very policy of integrating mentally disturbed patients within the community, to which they are often returned within a very short time of having been admitted (sometimes forcibly) to hospital in a disturbed state, makes it quite inappropriate for a social service department administered by a lay chief officer to have responsibility for the mentally ill. Indeed to those actively concerned with this service from a health department the proposal is naïve and suggests that its originators have little knowledge of the type of social work involved nor of the grave responsibility which it carries. The Seebohm Committee's suggestion that it could be dealt with by the secondment to a lay social service department of a consultant psychiatrist on a part-time basis seems not only wasteful of existing medical personnel but a poor substitute for a medically administered department which has considerable intimate experience of all the problems entailed. It is out of line, too, with modern psychiatric thought which is attempting to integrate psychiatric hospitals and their patients within the general stream of medicine and suggesting that part of the training of mental nurses should be undertaken on "the district".

A person who has been so ill mentally as to need admission to a mental hospital often has a personality and level of mental stability which render him incapable of coping with the stresses borne by the rest of the community. His social problems are, therefore, secondary to and often consequent upon the mentally unstable personality, even though they may precipitate a particular acute phase of mental illness. In short there is a vicious circle. To regard the mental patient's rehabilitation as essentially social work is, therefore, wrong, particularly because :—

(a) complete rehabilitation is often dependent on a maintained "therapy", usually with the use of drugs, akin to mental nursing.

(b) The social problems of a home shattered by a mentally ill member are symptoms of that mental illness and its effect on other members of the family. Treating the symptoms is relatively ineffectual compared with treating, so far as is possible, the causative ill member, which in the very severe cases may have to take the form of long-term separation from the rest of the family if the family is to survive. The other members are then often able to make their own adjustment without needing further support.

Care of the Mentally Subnormal.

The year 1968 saw the start of the sixth junior training centre, with short-stay accommodation. This is being built in Stratford-upon-Avon, to the design which has proved so successful in the rest of the County. The effect will be that throughout the County provision will have been made in junior training centres (each with short-stay accommodation) for 300 children and that there will be no children in Warwickshire of the category that can be served by these training centres who are without a place. With the increase in population further training centres will be needed in future in the new area of Chelmsley Wood and in Bedworth.

I have been deeply impressed by the quality of staff that these centres have attracted and by the relationships which the staff have developed with the children's families. Successful holidays have been arranged and a considerable proportion of children have derived benefit from them. Each of the centres has been supported handsomely by various voluntary associations, in particular by the parents' own Association. Almost without exception every special occasion such as a fête, Christmas Party or Carol Service has had a civic dignitary present. It is hoped that by the end of 1971 there will be five adult centres, the four new centres to be built on the pattern of the one that has been working successfully in Warwick.

This will give comprehensive adult and junior training centre cover and its impact will be felt at the hospitals for the subnormal because the majority of these children and adults will have been trained in the community and will not require long-term hospital care. It must be remembered, however, that every year between five and seven young children born in Warwickshire will, even in their formative years, as well as for the remainder of their lives, require full hospital accommodation, since their condition is so severe that neither their parents nor the training centres can cope with them. Hospital staffs are very co-operative in admitting such children but the continued lack of beds for them places a strain upon families and hospitals alike.

Despite local authority training centre provision, therefore, the hospital board will have to keep its bed position under constant review as many of these severe cases have a normal life span. Thus in ten years time it is probable that 50 to 70 hospital beds will be occupied by Warwickshire children alone, rising to 100 to 140 beds in 20 years' time.

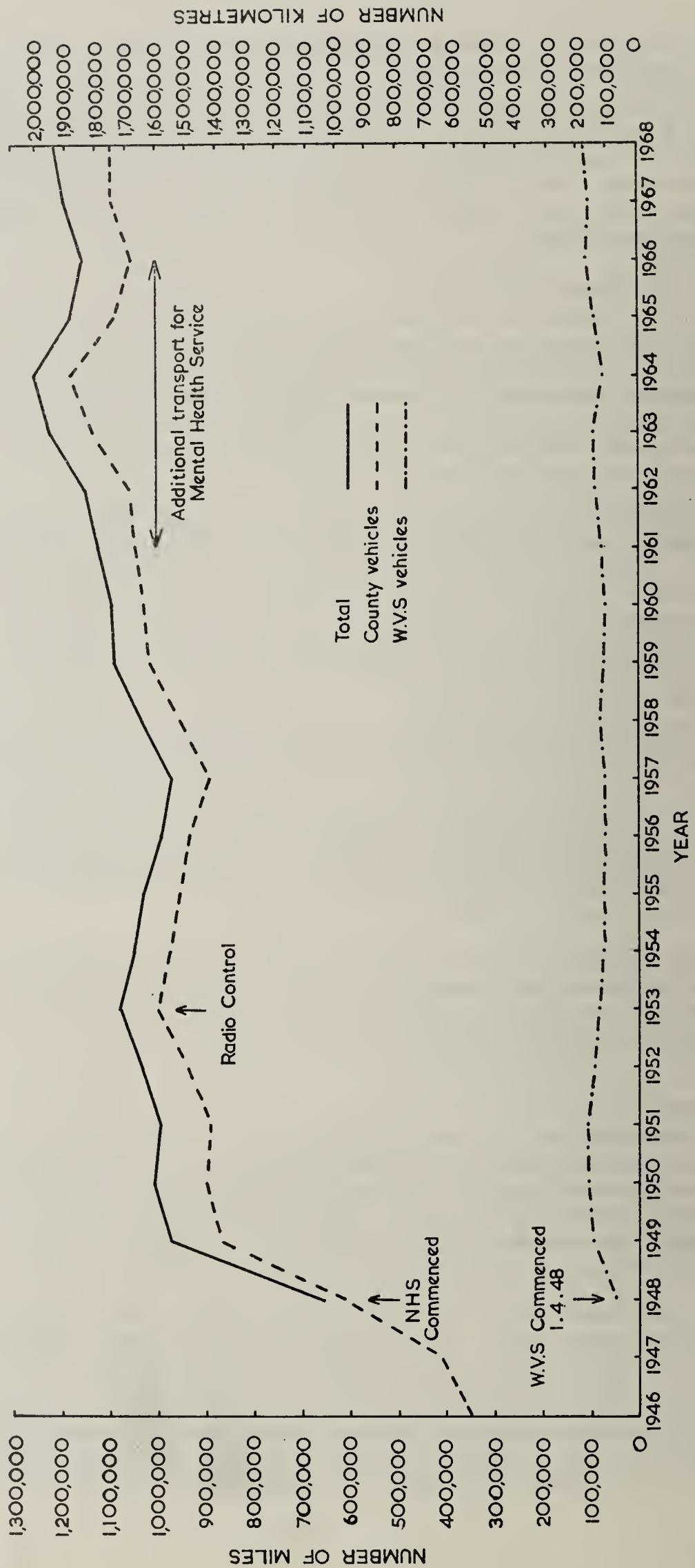
Ambulance Service.

The vehicles are gradually being brought into line with the recommendations of the Working Party on Ambulance Training and Equipment, and at the present time 21 ambulances out of a total fleet of 65 are fitted with trolleys. In accordance with that Working Party's recommendation an Ambulance Training Scheme was started and a Training Officer appointed. The first course commenced in January, 1969, being held in the former purpose-built Civil Defence Training premises which are shared with the training scheme for district nurses.

A high standard of service was maintained through the year, although the number of patients and mileage dropped slightly. The use of railways has lessened owing to the modern development of the electric train which prohibits their use because stretchers cannot be accommodated.

The photographs illustrate the standard of depot which is being built in the County. With the completion of the new purpose-built depot in Sutton Coldfield only Coleshill and Rugby Depots remain to be replaced. The depot at Coleshill is to be replaced by a large depot at Chelmsley Wood which will cover the whole of the Meriden Area including Chelmsley Wood.

COUNTY AMBULANCE SERVICE



COUNTY AMBULANCE SERVICE.
DETAILS OF DEPOTS AND MILEAGE, 1968.

<i>Depot.</i>	<i>Staff at</i> 31-12-1968		<i>Vehicles at</i> 31-12-1968			<i>Patients</i> <i>Carried</i> 1968	<i>Miles</i> <i>Covered</i> 1968	<i>Kilometres</i> <i>Covered</i> 1968
	<i>S/L.</i>	<i>D/Att.</i>	<i>Amb.</i>	<i>Dual</i> <i>Purpose</i>	<i>Cars</i>			
SUTTON COLDFIELD (Supt. E. TOWERS)	3	20	5	3	—	21,859	114,222	183,840
NUNEATON (Supt. J. P. MELVIN)	3	20	6	3	—	21,152	105,472	169,757
BEDWORTH* (Supt. J. P. MELVIN)	1	7	5	—	1	15,374	73,441	118,203
DORDON (Supt. S. BURNETT)	3	18	4	3	—	16,556	147,442	237,308
RUGBY (Supt. A. J. BURTON)	3	18	6	3	—	25,898	144,186	232,068
COLESHILL (Supt. J. H. BOTTRILL)	3	20	7	1	1	17,906	144,984	233,352
WARWICK (Supt. A. G. ALLEN)	3	21	6	4**	—	29,208	183,183	294,833
STRATFORD-ON-AVON (Supt. E. T. SAUL)	3	19	6	3	—	17,417	182,136	293,148
TOTAL 1968 ..	22	143	45	20**	2	165,370	1,095,066	1,762,509
TOTAL 1967 ..	22	140	34	25**	6	167,360	1,087,429	1,750,217

* Sub-depot of Nuneaton. Day-time service only.

** Includes one general purpose and major incident control vehicle.

ANALYSIS OF TYPE OF CASE CARRIED—1968.
COUNTY AMBULANCE SERVICE AND W.R.V.S. HOSPITAL CAR SERVICE.

<i>Type of Case.</i>	<i>County Service</i>			<i>W.R.V.S. Hospital Car Service.</i>		
	<i>Patients</i>	<i>Miles</i>	<i>Kilometres</i>	<i>Patients</i>	<i>Miles</i>	<i>Kilometres</i>
<i>Emergency.</i>						
Accident	6,066	58,070	93,464	—	—	—
Maternity	2,257	30,532	49,141	—	—	—
Others	6,605	82,340	132,526	—	—	—
Total	14,928	170,942	275,131	—	—	—
<i>Non-emergency.</i>						
Hospital Sick	145,673	863,456	1,389,732	6,857	107,113	172,398
Maternity	1,858	14,135	22,750	—	—	—
Infectious Diseases	198	4,504	7,249	—	—	—
School children	1,902	10,524	16,939	674	6,395	10,293
Others	811	5,251	8,452	—	—	—
Total	150,442	897,870	1,445,122	7,531	113,508	182,691
<i>Non-Patient carrying journeys</i>	—	26,254	42,256	—	1,898	3,055
Total 1968 ..	165,370	1,095,066	1,762,509	7,531	115,406	185,746
Total 1967 ..	167,360	1,087,429	1,750,217	6,621	103,552	166,667

**DENTAL SERVICE.
PRE-SCHOOL CHILDREN**

	<i>First Inspection</i>	<i>Requiring Treatment</i>	<i>Offered Treatment</i>	<i>Number Treated</i>	<i>Number who Completed Treatment</i>	<i>Number of Teeth Filled</i>	<i>Number of Teeth otherwise Conserved</i>	<i>Number of Teeth Extracted</i>	<i>Number of General Anaesthetics</i>
Sutton Coldfield M.B.	185	110	105	162	108	153	54	102	48
Nuneaton M.B. ..	378	226	221	227	188	472	60	329	102
Atherstone/Bedworth Area	83	41	28	28	25	42	5	23	8
Eastern Area	223	157	156	123	41	133	29	114	64
North-Western Area ..	189	97	68	74	78	119	47	56	27
Central Area	319	160	133	144	92	212	117	74	25
Southern Area ..	219	141	136	124	97	239	11	174	65
Total 1968 ..	1,596	932	847	882	629	1,370	323	872	339
Total 1967 ..	1,219	737	682	673	539	1,030	383	851	293

EXPECTANT AND NURSING MOTHERS

	<i>First Inspection</i>	<i>Requiring Treatment</i>	<i>Offered Treatment</i>	<i>Treated</i>	<i>Completed Treatment</i>	<i>Teeth Filled</i>	<i>Teeth Extracted</i>	<i>General Anaesthetics</i>	<i>Dentures Supplied</i>
Sutton Coldfield M.B.	17	15	15	29	13	65	17	3	3
Nuneaton M.B. ..	18	17	17	24	19	81	6	—	1
Atherstone/Bedworth Area	3	1	1	1	1	5	1	—	—
Eastern Area	11	11	10	14	14	23	15	1	6
North-Western Area ..	6	5	4	4	3	16	3	—	2
Central Area	56	44	44	59	18	87	31	5	1
Southern Area ..	28	28	28	36	17	80	24	9	10
Total 1967 ..	139	121	119	167	85	357	97	18	23
Total 1966 ..	165	153	151	190	111	409	205	25	42

Dental Services for Expectant and Nursing Mothers and Pre-School Children.

The Principal School Dental Officer reports that the number of Pre-schoolchildren examined and treated continues to rise but even so many more children of three years and upwards should be presented for examination to enable early dental decay to be dealt with while there is still a reasonable prospect of saving those very valuable first teeth. Simple fillings in these teeth are easily carried out for most children and confidence is established before more difficult work in the mouth may be necessary.

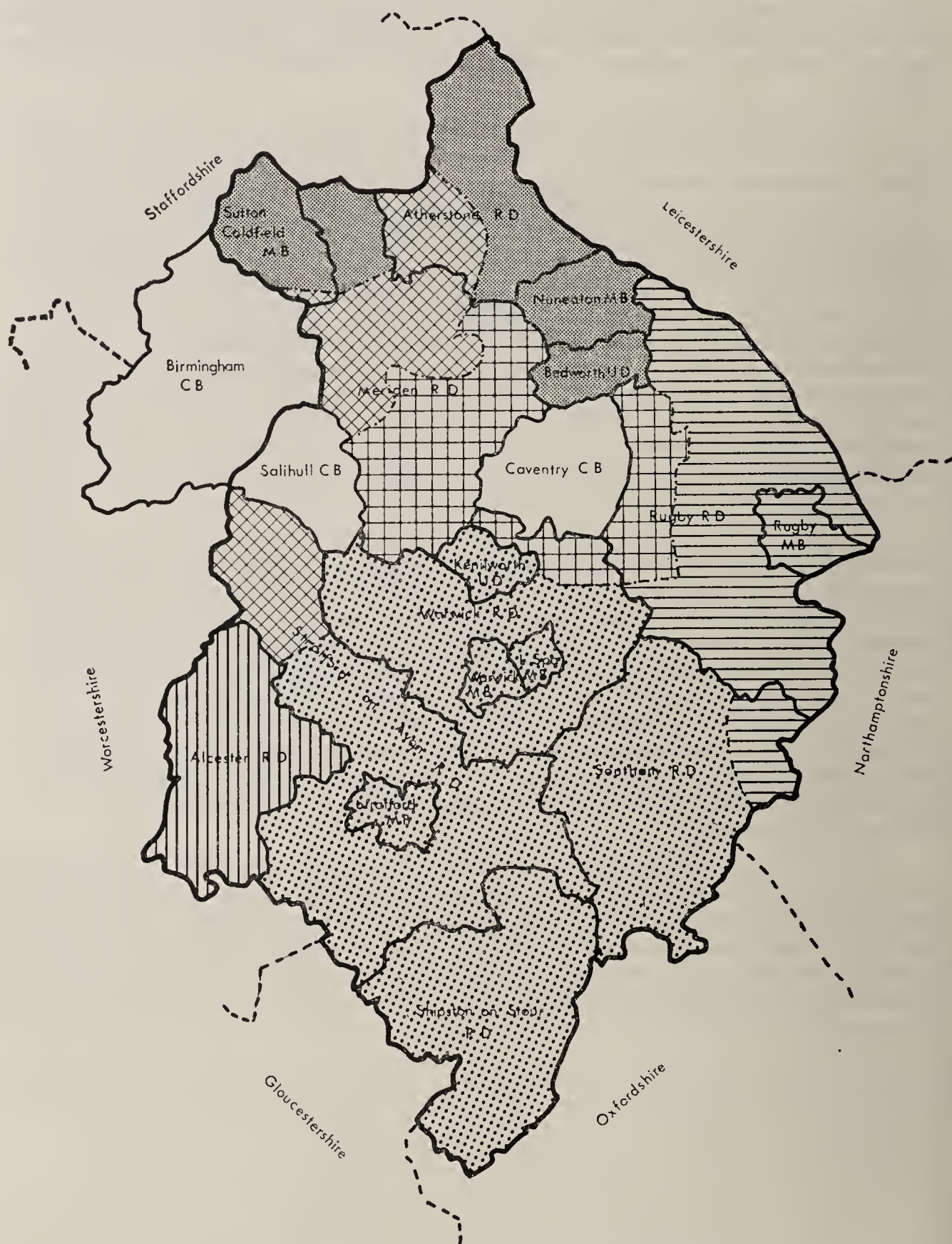
The number of Expectant and Nursing Mothers treated continues to fall and it is doubtful whether this service is now of much value. When first introduced this was intended as a priority service to enable these mothers to by-pass the long lists of adult patients awaiting treatment in an overworked General Dental Service at the commencement of the National Health Service. Treatment was provided free in Local Authority Health clinics whereas from an early stage a payment was required in the General Dental Service. Since 1961 this charge was abolished in the General Dental Service to all Expectant and Nursing Mothers and they have been able to receive complete treatment free from any practitioners undertaking National Health Service work. It is far better that mothers who have attended a dental practice should continue there rather than transfer to the clinic service for a short period. Of those who have not any arrangements for regular treatment, few of these are likely to complete a course of treatment at the clinic and could just as easily be persuaded to make their first attendance at a general practitioner's surgery and if "converted" to regular dental treatment would have established themselves as patients of a practitioner. A good deal of time which is lost through appointments not being kept by this class of patient could more profitably be used for the treatment of child patients as this is a field in which not all general practitioners are happy.


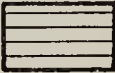




Fluoridation of water supplies is being extended as resources permit, as described elsewhere in this report. The Principal School Dental Officer reports that since 1964 that part of the North Western Area of the County which receives fluoridated water supplies from the Birmingham Corporation Water Department has been the subject of a biennial survey of the dental health of five year old children. These are compared with control groups of five year old children in areas of the County receiving non-fluoridated water. In 1964 the average number of decayed, missing or filled deciduous teeth in a study group (fluoridated) was 4.8 and in a control group (non-fluoridated) 4.5. In 1968 the figures were 3.5 for a study group (fluoridated) and 4.3 for a control group (non-fluoridated). The improvement can be expressed in another way: the percentage of five year olds free from dental decay of deciduous teeth rose from 19.6% of a study group in 1964 to 28.7% of a group in 1968 in the area with fluoridated water; in a non-fluoridated control area the percentages were 23.5% in 1964 and 22.2% in 1968.

I do not wish the significance of these figures to be exaggerated; the results are dependent on the study of several hundred children only, and we do not expect clearly significant results at least until 1970, when all children entering school who have been living in an effectively fluoridated area since birth will have had all their teeth formed and used in the presence of fluoride. Nevertheless the results so far obtained are encouraging, showing an apparent trend in the expected direction and conforming with those patterns of improvement already reported from larger scale surveys elsewhere in the country.

WARWICKSHIRE - FLUORIDATION OF WATER SUPPLIES

WATER SUPPLIERS AND AREAS OF SUPPLY



- | | | | |
|---|---|---|-------------------------------------|
|  | Birmingham Corporation Water Department |  | Rugby Joint Water Board |
|  | East Worcestershire Waterworks Company |  | South Warwickshire Water Board |
|  | Coventry City Water Department |  | North East Warwickshire Water Board |

Fluoridation of Water Supplies in Warwickshire.

Warwickshire County Council approved fluoridation of water supplies in principle in 1960 and made proposals for fluoridation in 1963. Details of Warwickshire water supplies and the present position regarding fluoridation are given below :—

Sources.

Birmingham Corporation Water Department.	Mixed but mainly from Elan Valley supply in Wales.	Fluoridated water supplied to 18 parishes within area of supply.
North-East Warwickshire Water Board.	Local bores and bulk supplies from Birmingham and Leicester. (Proposals made for reservoir to take River Anker water).	No scheme yet proposed. This will probably come when proposed new reservoir is in being.
Coventry Corporation Water Department.	Bores and River Severn.	City Council have approved fluoridation. Proposals deferred owing to financial restrictions.
South Warwickshire Water Board.	Various wells, bores, River Leam. Bulk supplies from North Cotswold R.D.C. (springs).	Field trial using acid in 1968. County Council have agreed to implementation of scheme for whole area in three phases over next 3-5 years.
Rugby Joint Water Board. East Worcestershire Waterworks Company.	Rivers Avon and Swift. Various bores in Worcestershire.	Commenced in June, 1968. One source fluoridated in 1968. Received in 5 parishes at present. Further sources, as agreed in scheme, to be treated in 1969.
South Staffordshire Waterworks Company.	Wells and bores in Staffordshire.	No proposals yet made.

During the year over 400 samples of water from the distribution mains in the area supplied with fluoridated water were examined by the Department for the fluoride content.

Reference has been made above to the field test run by the South Warwickshire Water Board. This was carried out at a station in a village with a borehole supply fed into a small network, normally isolated and which provided the Board with nearly all the complications which could be encountered.

These are :—

- | | |
|---------------------------|--------------------------------------|
| (1) Unmanned station. | (5) First consumer close to station. |
| (2) Variable flow rate. | (6) Intermittent operation. |
| (3) Variable pressure. | (7) Small output. |
| (4) No effective storage. | (8) Hard water. |

The Board with thirty-one sources of different kinds from small bores giving 3,000-gallons-per-hour to a river plant of 125,000-gallons-per-hour, needed a plant to deal with the boreholes (the majority) giving less than 20,000-gallons-per-hour. The problem was to provide a system complying with the standards of the Ministries of Health and Housing and Local Government, yet simple in operation, efficient and cheap.

The Water Board Engineer devised an apparatus for the injection of hydrofluosilicic acid which would overcome the complications mentioned above and Ministry sanction was obtained for a six-month trial period. Regular sampling (as a secondary precaution) was taken from the distribution system at least twice daily in the initial stages, and in the last four months of the period, arrangements were made by the County Health Inspector and the Board to share a bulk distribution sample twice weekly. The samples for the Board were examined by the Board's Chemist and Messrs. BOSTOCK HILL AND RIGBY. The County's samples were examined by the County Health Inspector and in the Laboratory of the Government Chemist. The County samples were examined by the well known Palin method and the modified Lim method. The field test proved very successful and the Ministry and the County have agreed to its continuing use in the village as part of the first phase of the Water Board's general scheme.

Milk and Dairies Administration.

During 1968 milk from some forty-eight herds was sampled regularly and submitted to biological examination for the presence of tuberculosis and brucellosis. The milk from these herds normally was supplied in appreciable quantities to farm workers, retailed as "Untreated" milk or from which cream was sold untreated. None of the 182 samples was found to contain tubercle organisms, but 5 were reported to contain brucella organisms. In addition to the biological examinations, 59 samples were submitted for brucella 'milk ring' tests and for culture when the ring tests were positive. Of these, 10 were found to contain brucella organisms. It was found necessary, however, only to investigate ten herds from the total of 15 positive. From these herds 28 cows were found to be secreting brucella organisms in the milk out of over 500 samples taken. In four cases compulsory pasteurisation orders were served and are still in force. Two disturbing points arose from the investigations into brucellosis. In one instance, investigation revealed that two young brothers had recently bought in three cows at a market and that these cows were secreting infected milk. Further investigations revealed that the cows came from a farm in a neighbouring county, and that at the time of sending the cows to market the herd was under investigation and the three cows were suspect. In fact, results of cultures of the milk which were awaited proved positive. It seems wrong that such animals can still be legally sold to infect another herd. Two more cows at the second farm later were found to be positive. The second disturbing incident occurred when milk from a "Brucella Accredited" herd was found to be positive. Some sixty gallons of milk was retailed raw from this herd. Investigation into the herd revealed a complete breakdown and 12 cows were found to be secreting infected milk.

From the five pasteurising plants licensed in the County, 341 samples were taken. Of these, 3 failed the phosphatase test and one the methylene blue test. One plant, which gave both a phosphatase and methylene blue test failure, ceased to function early in the year. Another dairyman found the replacement of machinery and equipment too costly and also ceased pasteurising. Regular inspections of plants and records were made, and, as part of these routine inspections, washed bottles were taken (in batches of 6) and submitted for bacteriological examination. On four occasions out of thirty-seven the bottles were unsatisfactory. Three of these came from one plant and were due to operating mistakes by new staff. One dairy began producing large quantities of cream from new plant during the year. After the methylene blue failure of the first sample, twenty-five subsequent samples were satisfactory.

At the end of the year there were 326 licences in force for the retail sales of designated milk by dealers. Samples from premises, vehicles and vending machines totalled 1,281. Of these, 26 failed the methylene blue test and one the phosphatase test. Of the 26 methylene blue test failures, 14 were of milk sold from shops. The phosphatase failure originated from the licensed dairy reported in the last paragraph as having a phosphatase test failure. In most cases the shops have very small milk sales and the shopkeepers have no real interest other than 'obliging' a few customers. The methylene blue test is a test for keeping-quality, and the failures indicated poor storage and lack of proper stock rotation. Action was taken in a number of these cases to ensure that more care was taken in the correct storage and rotation of the milk. Repeat samples in these cases were satisfactory.

Samples of milk delivered to schools were taken under more exacting conditions than those taken under the Milk Regulations, and of 933 samples at 454 schools, 17 samples failed the methylene blue test. One school was supplied with untreated milk and regular samples were submitted for biological examination. All the samples gave negative results for the presence of tubercle and brucella organisms.

Arrangements for supplying milk in cartons to some schools were continued during the year. The number of one-third-pint cartons supplied daily was approximately 32,000. Criticisms as of previous years were not evident this year.

Samples of milk from other County Council establishments and from Regional Board hospitals totalled 665. Of these, 10 failed to satisfy the methylene blue keeping-quality test.

The examination of milk samples for the presence of antibiotics continued and 107 such samples were taken, of which one gave an unsatisfactory result. The producer was severely cautioned in this instance.

All samples of milk and miscellaneous samples submitted for bacteriological and biological examination were examined by the Public Health Laboratory Service in Coventry. The Director of the Laboratory and his staff have provided my Department with excellent service and advice, and I should like to express my appreciation for their co-operation throughout the year. Thanks are also due to the Director of the Birmingham Laboratory for the antibiotic examinations.

FOOD AND DRUGS ACT, 1955.

SECTION 31.

TUBERCULOUS MILK INVESTIGATIONS—ROUTINE MILK SAMPLES TAKEN FOR
BIOLOGICAL EXAMINATION DURING THE YEAR 1968.

NO. OF SAMPLES.

<i>District in which sample was taken.</i>	<i>Number of Samples.</i>	<i>Positive Results.</i>
SUTTON COLDFIELD M.B.	33	0
NUNEATON M.B.	33	0
ATHERSTONE/BEDWORTH AREA.		
*Bedworth U.D.	—	—
Atherstone R.D.	8	0
EASTERN AREA.		
Rugby M.B.	12	0
Rugby R.D.	19	0
NORTH-WESTERN AREA.		
Meriden R.D.	11	0
CENTRAL AREA.		
*Leamington Spa M.B.	—	—
Warwick M.B.	5	0
*Kenilworth U.D.	—	—
Southam R.D.	19	0
Warwick R.D.	9	0
SOUTHERN AREA.		
*Stratford-upon-Avon M.B. ..	—	—
*Alcester R.D.	—	—
Shipston-on-Stour R.D.	17	0
Stratford-on-Avon R.D.	16	0
Total	182	0

In addition, where the phosphatase test failed on pasteurised milk, biological examinations were also made, and these were all negative.

* “Untreated” milk retailed in these areas is produced in neighbouring districts, and the supply is sampled at the source, i.e., the farm.

SAMPLES TAKEN UNDER MILK IN SCHOOLS SCHEME, 1968.

<i>Designation of Milk Supplied.</i>	<i>Number of :—</i>				<i>Test failed.</i>		
	<i>Schools.</i>	<i>Suppliers.</i>	<i>Samples.</i>	<i>Unsatis- factory Samples.</i>	<i>Phosph.</i>	<i>Meth. Blue</i>	<i>Meth. Blue and Phosph.</i>
Pasteurised ..	454*	33	931	17	0	17	0
Untreated ..	1	1	2	0	—	0	—

Total Failures : 1.83% of all school milk samples (1.32% in 1967; 3.8% in 1966).

*The number of schools supplied was reduced in September, 1968, when the supply to senior schools was stopped.

MILK (SPECIAL DESIGNATION) REGULATIONS, 1963.
(and as amended 1965)
MILK SAMPLES FROM LICENSED RETAILERS, 1968.

<i>District in which sample was taken.</i>	<i>No. of Samples.</i>				<i>Tests Failed.</i>			
	<i>Un-treated</i>	<i>Pasteur-ised</i>	<i>Steril-ised</i>	<i>Ultra Heat Treated</i>	<i>Meth. Blue</i>	<i>Phosph.</i>	<i>Turbid-ity</i>	<i>Colony Count</i>
SUTTON COLDFIELD M.B. ..	(Food and Drugs Acts Authority)				—	—	—	—
NUNEATON M.B.	(Food and Drugs Acts Authority)				—	—	—	—
ATHERSTONE/BEDWORTH AREA								
Bedworth U.D.	—	59	35	2	3	0	0	0
Atherstone R.D.	—	89	63	—	1	0	0	—
EASTERN AREA								
Rugby M.B.	(Food and Drugs Acts Authority)				—	—	—	—
Rugby R.D.	—	64	—	—	3	0	—	—
NORTH-WESTERN AREA								
Meriden R.D.	—	193	96	7	7	1	0	0
CENTRAL AREA								
Leamington Spa M.B. ..	(Food and Drugs Acts Authority)				—	—	—	—
Warwick M.B.	5	59	3	—	1	0	0	—
Kenilworth U.D.	—	58	—	1	1	0	—	0
Southam R.D.	4	77	1	—	2	0	0	—
Warwick R.D.	4	74	2	—	0	0	0	—
SOUTHERN AREA								
Stratford-upon-Avon M.B.	—	87	7	1	0	0	0	0
Alcester R.D.	—	52	18	—	1	0	0	—
Shipston-on-Stour R.D. ..	—	50	—	3	4	0	—	0
Stratford-on-Avon R.D. ..	2	139	26	—	3	0	0	—
Total	15	1,001	251	14	26	1	0	0

Total Samples—1,281.

MILK SAMPLES FROM LICENSED PASTEURISING PLANTS, IN 1968.

<i>Code No. of Dairy.</i>	<i>No. of Pasteurised Samples.</i>	<i>No. of Failures.</i>	<i>Tests failed :—</i>	
			<i>Meth. Blue.</i>	<i>Phosphatase.</i>
4/1/1	17	2	1	1
4/3/1	104	1	0	1
6/18/2	14	0	0	0
7/7/1	55	1	0	1
7/16/1	151	0	0	0
Totals	341	4	1	3

Phosphatase Test : For efficiency of pasteurising process.
Methylene Blue Test : Keeping quality test.
 Indicates extent of contamination during cooling or bottling and storage temperature of the milk.
Failures : 1.17% compared with 0.55% in 1967.

NOTIFIABLE DISEASES.

Public Health (Infectious Diseases) Regulations, 1968.

Summary of Returns of Medical Officers of Health for the year ended 31st December, 1968.

Area and County Districts.	Acute Encephalitis.	Acute Meningitis.	Acute Poliomyelitis.	Diphtheria.	Dysentery. (amoebic or bacillary).	Food Poisoning.	Infective Jaundice.	Measles.	Ophthalmia Neonatorum.	Paratyphoid Fever.	Scarlet Fever.	Smallpox.	Tetanus.	Tuberculosis.		Typhoid Fever.	Whooping Cough.
														Respiratory.	Other Forms.		
Sutton Coldfield M.B. ..	—	—	—	—	28	3	15	397	1	—	50	—	—	3	1	—	26
Nuneaton M.B. ..	—	1	—	—	32	—	1	570	—	—	5	—	—	10	4	—	21
Atherstone/Bedworth																	
Bedworth U.D. ..	—	—	—	—	10	—	38	370	—	—	—	—	—	8	3	—	22
Atherstone R.D. ..	1	1	—	—	1	—	13	152	—	—	18	—	—	4	1	—	5
TOTAL ..	1	1	—	—	11	—	51	522	—	—	18	—	—	12	4	—	27
Eastern.																	
Rugby M.B. ..	—	6	—	—	10	—	17	977	—	—	16	—	—	4	1	—	8
Rugby R.D. ..	—	—	—	—	13	—	3	280	—	—	3	—	—	5	1	—	4
TOTAL ..	—	6	—	—	23	—	20	1,257	—	—	19	—	—	9	2	—	12
North Western.																	
Meriden R.D. ..	—	—	—	—	98	4	37	652	3	—	35	—	—	2	4	—	56
Central.																	
Leamington M.B. ..	—	—	—	—	3	—	2	197	—	—	9	—	—	6	3	—	15
Warwick M.B. ..	—	—	—	—	—	—	—	33	—	—	5	—	—	7	1	—	3
Kenilworth U.D. ..	—	—	—	—	3	1	—	106	—	—	—	—	—	1	—	—	—
Southam R.D. ..	—	—	—	—	—	—	2	178	—	—	1	—	—	10	—	—	1
Warwick R.D. ..	—	1	—	—	2	—	4	141	—	—	6	—	—	3	2	—	16
TOTAL ..	—	1	—	—	8	1	8	655	—	—	21	—	—	27	6	—	35
Southern.																	
Stratford-upon-Avon																	
M.B. ..	—	—	—	—	—	—	3	61	—	—	8	—	—	3	2	—	7
Alcester R.D. ..	1	—	—	—	7	—	—	116	—	—	4	—	—	1	—	—	7
Shipston-on-Stour R.D. ..	—	—	—	—	—	1	1	101	—	—	4	—	—	—	—	—	1
Stratford-on-Avon R.D. ..	—	—	—	—	1	—	1	61	—	—	5	—	—	5	—	—	12
TOTAL ..	1	—	—	—	8	1	5	339	—	—	21	—	—	9	2	—	27
COUNTY TOTALS ..	2	9	—	—	208	9	137	4,392	4	—	169	—	—	72	23	—	204
1967 ..	1	1	—	—	270	30	†	5,047	4	2	238	—	†	82	33	—	319

There were no notifications received for the following diseases during 1968: † Anthrax, † Cholera, † Leptospirosis, Malaria, † Plague, † Relapsing Fever, Typhus, and † Yellow Fever.

† Notifiable as from the 1st October, 1968, as directed by the Public Health (Infectious Diseases) Regulations 1968, and in the case of Infective Jaundice by the Public Health (Infective Jaundice) Regulations 1968, which became effective from the 15th June, 1968.

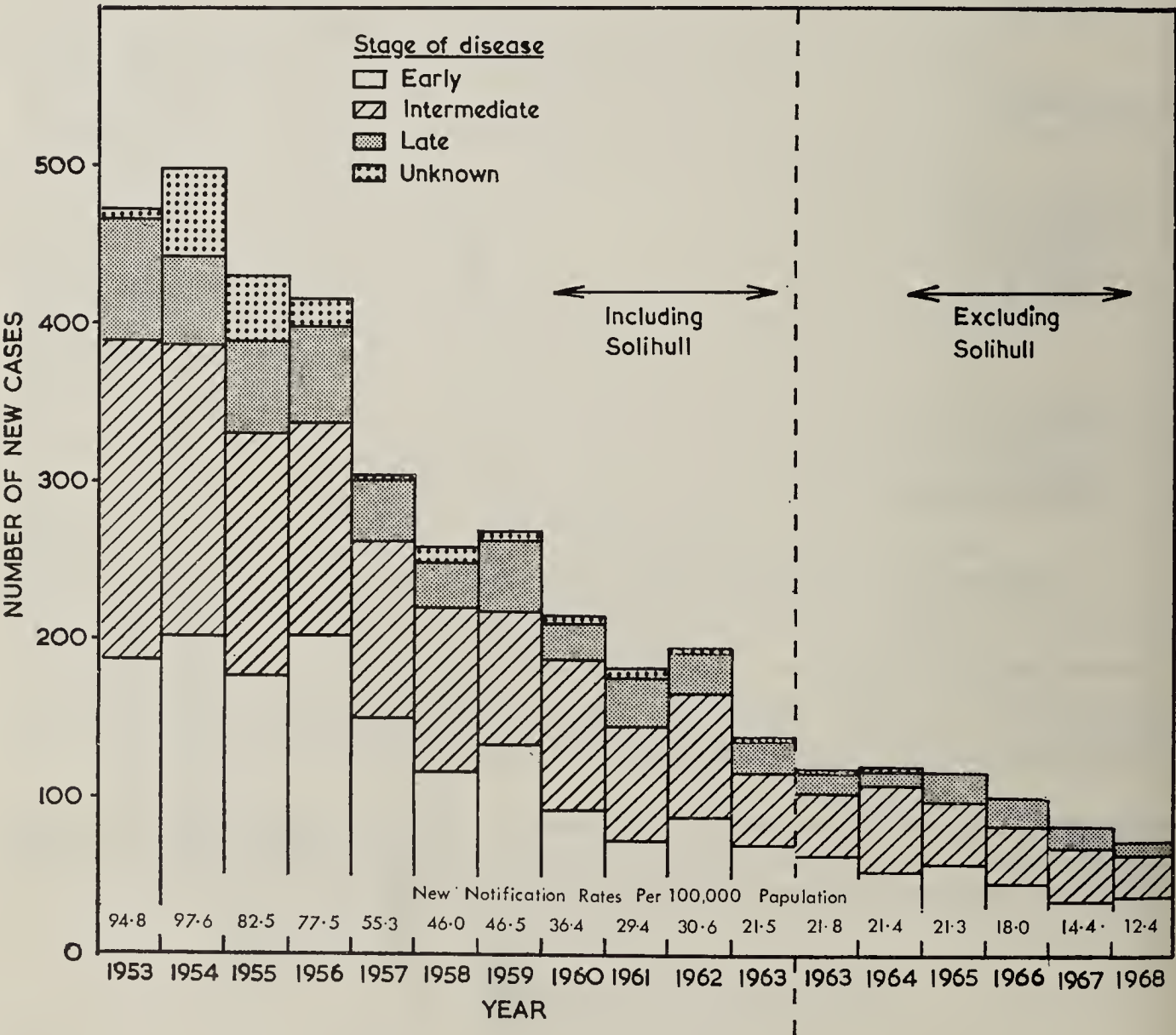
Infectious Diseases.

The Health Services and Public Health Act, 1968 and the Public Health (Infectious Diseases) Regulations, 1968 came into operation on the 1st October, 1968. An effect of these was to revise the list of notifiable diseases so as to bring this list up to date and to omit several diseases, the definition of which is no longer considered valid for notification. In the table of Infectious Diseases Notifications it will be seen therefore that precise comparison with last year's notifications is not in every case possible. In Warwickshire death rates from specific infectious diseases are very low and though the national figures for 1968 as redefined by the new list, are not yet available, there is no reason to believe that there is any significant difference in notification or death rates between the County and the nation as a whole. During the year there were no serious outbreaks of infectious disease in the County warranting any special comment and no cases of diphtheria, poliomyelitis, smallpox or typhoid.

The number of new notifications of pulmonary tuberculosis slowly decreases annually. It is interesting to note that the proportions of early, intermediate and late cases have remained fairly constant for many years and that the disease in Warwickshire reflects the current national pattern of incidence: more in males than in females, but with a notable vulnerability of the young female adult, who is the greater risk to child contacts, which fact is taken into consideration in the medical examinations related to the appointments of various categories of staff to the County Council.

PULMONARY TUBERCULOSIS

NEW NOTIFICATIONS 1953-1968



NEW NOTIFICATIONS OF PULMONARY TUBERCULOSIS, 1967 and 1968.
BY AGE, SEX & STAGE OF DISEASE (1967 figures in brackets).

	Males.						Females.							
	Early.		Intermediate.		Late.		Total	Early.		Intermediate.		Late.		Total
	T.B.—	T.B.+	T.B.—	T.B.+	T.B.—	T.B.+		T.B.—	T.B.+	T.B.—	T.B.+			
Under 15	2 (1)	— (—)	— (1)	— (—)	— (—)	— (—)	2 (2)	10 (4)	— (—)	— (—)	— (—)	— (—)	1 (—)	11 (4)
15 to 24	3 (3)	1 (1)	1 (1)	2 (1)	— (—)	— (—)	7 (7)	4 (5)	— (—)	— (—)	1 (—)	— (—)	1 (1)	6 (6)
25 to 34	— (5)	1 (—)	1 (—)	1 (2)	— (2)	— (—)	3 (9)	1 (2)	— (—)	1 (2)	— (1)	— (—)	— (1)	2 (6)
35 to 44	1 (1)	1 (1)	1 (1)	2 (—)	— (—)	— (—)	5 (4)	3 (—)	— (1)	1 (3)	— (1)	— (—)	— (2)	4 (7)
45 to 54	2 (1)	2 (2)	3 (2)	2 (1)	— (—)	1 (1)	10 (7)	— (3)	— (—)	— (1)	1 (2)	— (—)	1 (—)	2 (6)
55 to 64	2 (1)	3 (—)	3 (4)	2 (6)	— (—)	2 (1)	12 (12)	1 (1)	— (—)	— (—)	— (1)	1 (—)	— (—)	2 (2)
65 and over	— (—)	— (1)	1 (—)	3 (1)	— (—)	— (4)	4 (6)	— (1)	— (1)	— (—)	1 (2)	— (—)	1 (—)	2 (4)
Total	10 (12)	8 (5)	10 (9)	12 (11)	— (2)	3 (8)	43 (47)	19 (16)	— (2)	2 (6)	3 (7)	1 (—)	4 (4)	29 (35)

TUBERCULOSIS, 1968.

	NEW NOTIFICATIONS.						NO. OF CASES ON COUNTY REGISTER AT END OF 1968.						DEATHS.					
	Pulmonary.			Other Forms.			Pulmonary.			Other Forms.			Pulmonary.			Other Forms.		
	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.
SUTTON COLDFIELD M.B. ..	2	1	3	—	1	1	180	132	312	16	26	42	—	—	—	—	—	—
NUNEATON M.B. ..	7	3	10	3	1	4	88	67	155	27	27	54	1	—	1	—	—	1
ATHERSTONE/BEDWORTH AREA. Bedworth U.D. ..	4	4	8	2	1	3	176	162	338	20	26	46	—	—	—	1	—	1
Atherstone R.D. ..	4	—	4	—	1	1	58	41	99	11	17	28	—	1	1	—	—	—
TOTALS ..	8	4	12	2	2	4	234	203	437	31	43	74	—	1	1	1	—	1
EASTERN AREA. Rugby M.B. ..	2	2	4	—	1	1	170	129	299	8	18	26	1	—	—	—	—	—
Rugby R.D. ..	1	4	5	—	1	1	68	27	95	2	6	8	—	—	—	—	—	—
TOTALS ..	3	6	9	—	2	2	238	156	394	10	24	34	1	—	—	—	—	—
NORTH-WESTERN AREA. Meriden R.D. ..	—	2	2	3	1	4	193	129	322	21	27	48	1	—	1	—	—	—
CENTRAL AREA. Leamington Spa M.B. ..	5	1	6	3	—	3	91	37	128	11	15	26	1	—	—	—	—	—
Warwick M.B. ..	2	5	7	—	1	1	25	16	41	5	6	11	—	—	—	1	—	1
Kenilworth U.D. ..	1	—	1	—	—	—	21	9	30	3	3	6	—	—	—	—	—	—
Southern R.D. ..	3	7	10	—	—	—	16	19	35	6	—	6	1	—	1	2	—	2
Warwick R.D. ..	3	—	3	2	—	2	70	30	100	6	5	11	1	—	1	—	—	—
TOTALS ..	14	13	27	5	1	6	223	111	334	31	29	60	3	—	3	2	1	3
SOUTHERN AREA. Stratford-upon-Avon M.B. ..	3	—	3	—	2	2	28	18	46	7	7	14	—	—	—	—	—	—
Alcester R.D. ..	1	—	1	—	—	—	19	10	29	1	7	8	2	—	2	—	—	—
Shipston-on-Stour R.D. ..	—	—	—	—	—	—	12	6	18	—	1	1	—	—	—	—	—	—
Stratford-on-Avon R.D. ..	5	—	5	—	—	—	25	30	55	8	7	15	—	—	—	—	—	—
TOTALS ..	9	—	9	—	2	2	84	64	148	16	22	38	2	—	2	—	—	—
COUNTY TOTALS ..	43	29	72	13	10	23	1,240	862	2,102	152	198	350	8	1	9	4	1	5
" " 1967 ..	47	35	82	19	14	33	1,276	876	2,152	151	198	349	19	1	20	3	3	6
" " 1966 ..	62	38	100	19	17	36	1,301	909	2,210	145	195	340	11	4	15	2	5	7
" " 1965 ..	75	41	116	15	18	33	1,377	962	2,339	139	205	344	5	1	6	1	2	3
" " 1964 ..	74	46	120	15	19	34	1,446	1,015	2,461	143	203	346	16	6	22	1	—	1

New Notification Rate for Pulmonary Tuberculosis per 100,000 population 1968. Warwickshire 12.4. England and Wales 22.0.

B. C. G. VACCINATION 1968.

	Contact Scheme				School Children and Students Scheme			
	Number Skin Tested	Number found positive	Number found negative	Number given B.C.G. vaccination	Number Skin Tested	Number found positive	Number found negative	Number given B.C.G. vaccination
Sutton Coldfield M.B. ..	47	3	44	44	1,033	191	842	782
Nuneaton M.B.	50	15	35	35	542	36	506	506
Atherstone/Bedworth Area ..	68	25	43	71	757	60	697	697
Eastern Area	235	50	182	176	479	39	440	425
North-Western Area	54	—	54	56	598	125	473	460
Central Area	43	—	43	58	2,229	328	1,799	1,799
Southern Area	47	2	45	50	1,088	223	801	799
Total 1968 ..	544	95	446	490	6,726	1,002	5,558	5,468
Total 1967 ..	431	58	372	402	6,165	908	5,151	5,005
Total 1966 ..	514	70	444	457	5,023	933	3,997	3,803

Contact Scheme—majority of these vaccinations were of child contacts of cases of tuberculosis.

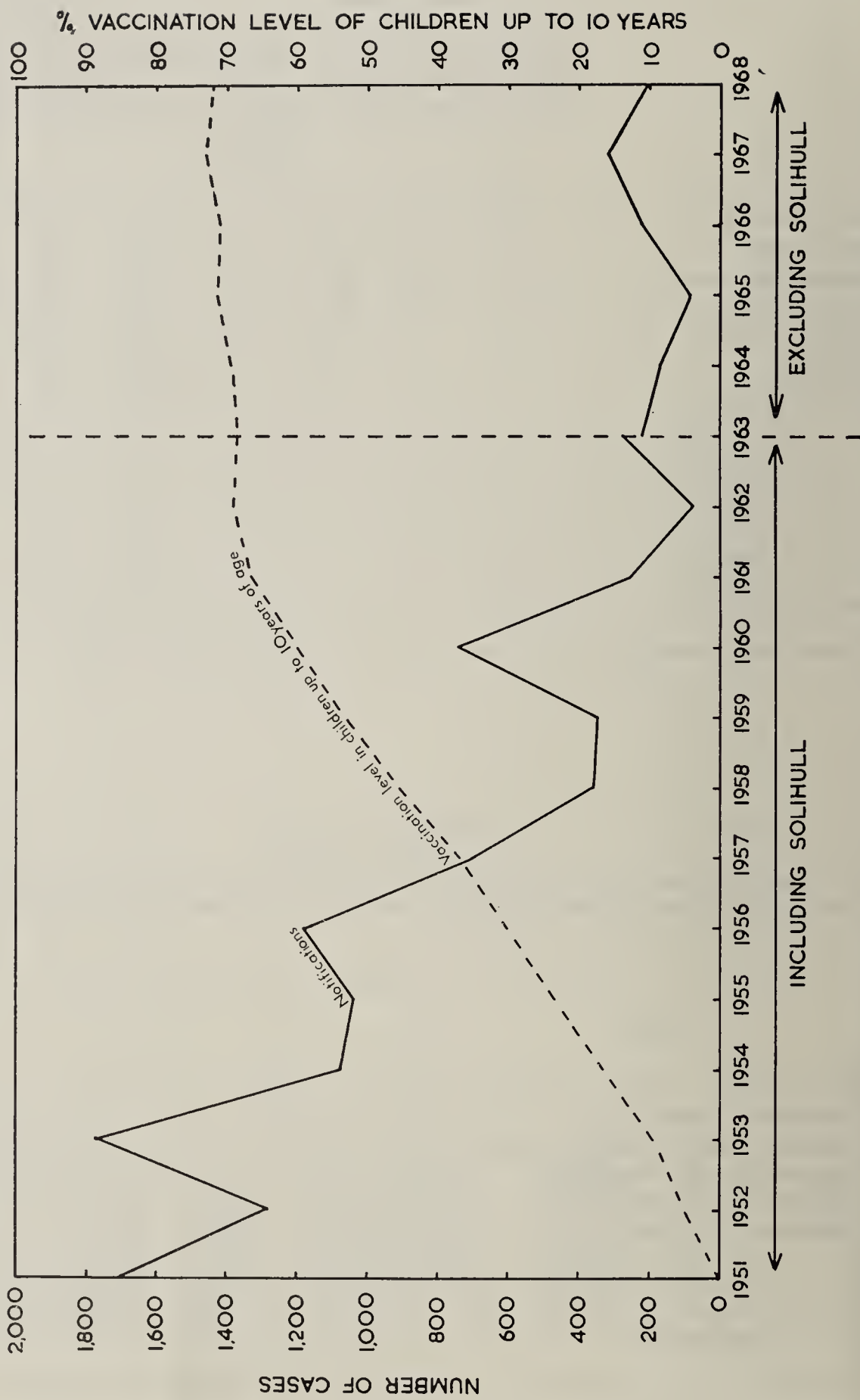
VENEREAL DISEASES.

NEW CASES DEALT WITH AT CLINICS DURING THE YEAR ENDED 31ST DECEMBER, 1968.

Clinic.	Syphilis.		Gonorrhoea.		Total V.D.		Not V.D.	
	M.	F.	M.	F.	M.	F.	M.	F.
Warneford Hospital	2	—	17	4	19	4	87	18
Coventry and Warwickshire Hospital	1	—	29	20	30	20	143	60
General Hospital, Birmingham ..	1	1	39	22	40	23	100	48
Hospital of St. Cross, Rugby ..	1	—	9	3	10	3	28	20
Nuneaton V.D. Clinic	1	—	12	3	13	3	68	14
Total 1968	6	1	106	52	112	53	426	160
Total 1967	6	4	70	22	76	26	397	96

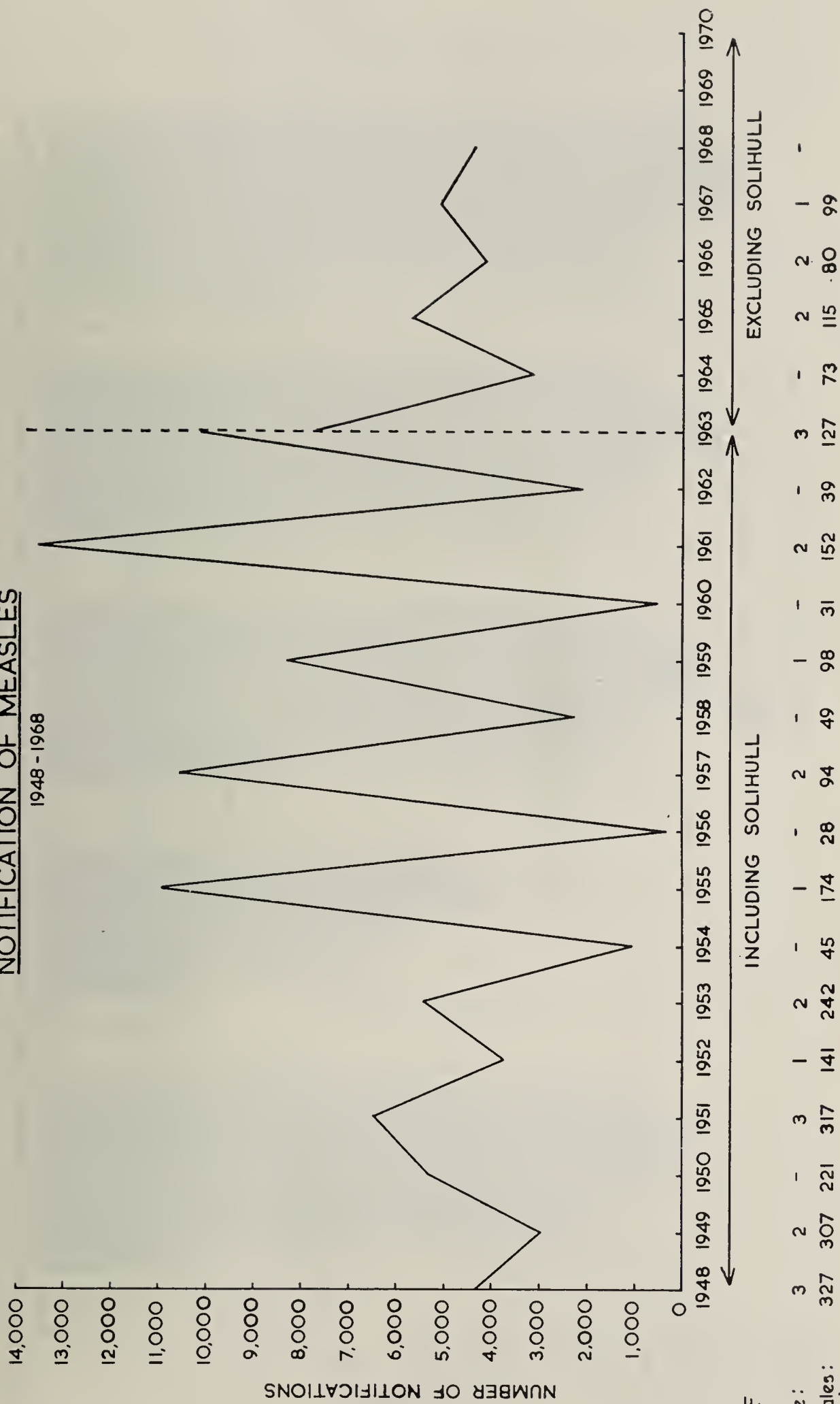
WHOOPING COUGH NOTIFICATIONS(ALL AGES) IN RELATION TO VACCINATION LEVELS IN CHILDREN UP TO 10 YEARS OF AGE

1951 - 1968



NOTIFICATION OF MEASLES

1948 - 1968



NUMBER OF DEATHS:

Warwickshire:

England & Wales:

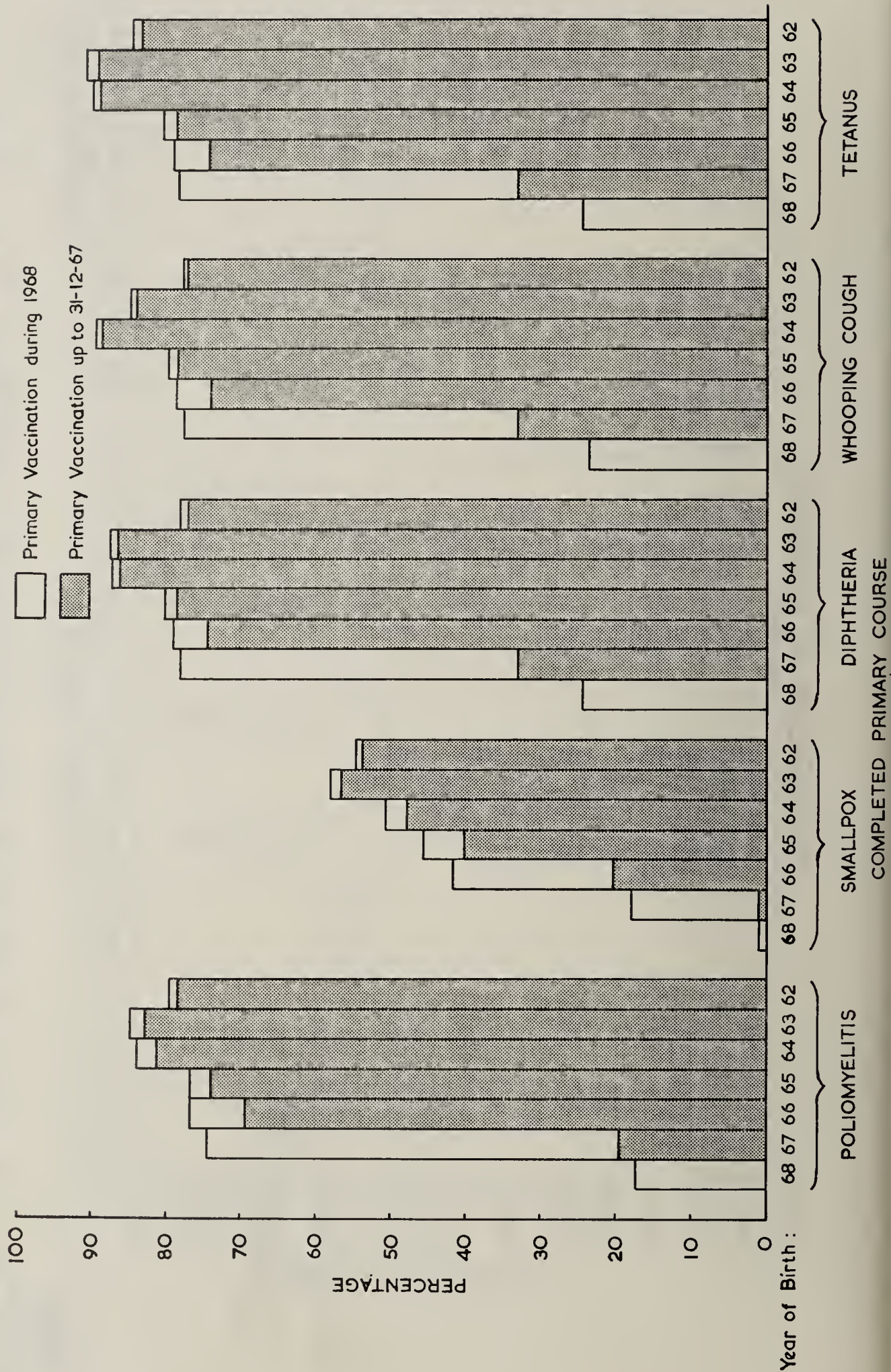
3 2 - 3 1 2 - 1 - 2 2 2 1 -

327 307 221 317 141 242 45 174 28 94 49 98 31 152 39 127 73 115 80 99

INCLUDING SOLIHULL

EXCLUDING SOLIHULL

VACCINATION LEVELS OF WARWICKSHIRE CHILDREN



**VACCINATION OF CHILDREN UNDER 15 YEARS OF AGE.
NUMBER OF CHILDREN VACCINATED DURING 1968 BY AGE GROUP**

	POLIOMYELITIS				SMALLPOX				DIPHTHERIA				WHOOPIING COUGH				TETANUS				MEASLES			
	Completed Primary Course			Reinforcing Dose	Completed Primary Course			Reinforcing Dose	Completed Primary Course			Reinforcing Dose	Completed Primary Course			Reinforcing Dose	Completed Primary Course			Reinforcing Dose	Completed Primary Course			
	0-4	5-15	Total		0-4	5-15	Total		0-4	5-15	Total		0-4	5-15	Total		0-4	5-15	Total		0-4	5-15	Total	
Sutton Coldfield M.B.	1,046	25	1,071	1,113	504	40	544	44	1,047	8	1,055	1,564	1,043	5	1,048	849	1,047	8	1,055	1,564	817	228	1,045	
Nuneaton M.B. ..	1,009	121	1,130	588	374	61	435	39	825	83	908	1,366	825	57	882	988	827	215	1,042	1,452	379	246	625	
Atherstone/Bedworth Area ..	1,478	135	1,613	1,211	645	41	686	33	1,326	88	1,414	1,916	1,314	43	1,357	1,029	1,334	186	1,520	2,003	245	30	275	
Eastern Area ..	1,084	49	1,133	936	825	27	852	108	1,010	35	1,045	1,618	1,000	17	1,017	846	1,010	106	1,116	1,712	965	519	1,484	
North-Western Area ..	1,063	213	1,276	1,431	703	114	817	47	1,024	173	1,197	2,457	968	14	982	593	1,044	765	1,809	2,429	918	575	1,493	
Central Area ..	1,967	93	2,060	1,507	1,241	103	1,344	125	1,578	35	1,613	4,012	1,578	11	1,589	1,816	1,578	97	1,675	3,526	741	596	1,337	
Southern Area ..	1,281	36	1,317	1,110	812	17	829	453	1,162	21	1,183	2,329	1,134	5	1,139	1,001	1,163	71	1,234	2,352	1,063	732	1,795	
Total 1968 ..	8,928	672	9,600	7,896	5,104	403	5,507	849	7,972	443	8,415	15,262	7,862	152	8,014	7,122	8,003	1,448	9,451	15,038	5,128	2,926	8,054	
Total 1967 ..	8,674	632	9,306	7,810	5,120	245	5,365	1,066	8,627	476	9,103	16,901	8,534	175	8,709	7,548	8,641	1,251	9,892	15,380	—	—	—	
Total 1966 ..	8,613	584	9,197	6,520	4,764	440	5,204	827	8,248	357	8,605	14,824	8,212	101	8,313	6,496	8,252	1,087	9,339	12,574	—	—	—	

**BRIEF DETAILS OF COUNTY HEALTH SERVICES AVAILABLE
TO THE GENERAL PUBLIC.**

(at time of going to Press).

BOROUGH AND AREA OFFICES :

BOROUGH COUNCILS WITH DELEGATED POWERS :—	<i>Borough Medical Officer.</i>	<i>Telephone No.</i>
Sutton Coldfield M.B.	Dr. J. R. PRESTON, The Council House, Sutton Coldfield.	Sutton Coldfield 4401.
Nuneaton M.B.	Dr. G. DISON, The Council House, Nuneaton.	Nuneaton 2201.
COUNTY AREAS :—	<i>Area Medical Officer.</i>	<i>Telephone No.</i>
<i>Atherstone/Bedworth :</i> Bedworth U.D. Atherstone R.D.	Dr. E. M. HUGHES, Health Area Office, Rye Piece, Bedworth.	Bedworth 4822/23.
<i>Eastern :</i> Rugby M.B. Rugby R.D.	Dr. D. J. JONES, The Lawn, Newbold Road, Rugby.	Rugby 3374.
<i>North-Western :</i> Meriden R.D.	Dr. J. E. PEARSON, 2, Park Road, Coleshill.	Coleshill 2331.
<i>Central :</i> Leamington M.B. Warwick M.B. Kenilworth U.D. Southam R.D. Warwick R.D.	Dr. F. D. M. LIVINGSTONE, 1 Euston Square, Leamington Spa.	Leamington Spa 27284/5.
<i>Southern :</i> Stratford-upon-Avon M.B. Alcester R.D. Shipston-on-Stour R.D. Stratford-on-Avon R.D.	Dr. J. B. BRAMWELL, County Area Offices, Alcester Road, Stratford-upon-Avon.	Stratford-upon-Avon 5651.

Ambulances.	Usually ordered by medical practitioner or hospital. In medical emergencies only, members of the public may call for an ambulance and any telephone exchange will connect them to the nearest ambulance depot.
Ante-natal and Post-natal Clinics.	The addresses and times of all such clinics are given on page 13.
Child Minders and Nurseries.	Persons having the care of any children under five, for reward, must apply to the County Medical Officer of Health or to the appropriate Borough Medical Officer for Registration. Registration is a statutory requirement; it does not imply recommendation.
Child Health Clinics.	The addresses and times of all such clinics are shown on pages 27 & 28.
Chiropody.	This service is offered when available, for expectant mothers, registered handicapped persons, women aged 60 and over, and men aged 65 and over. A small charge is payable except in certain cases. Application should be made to the Borough or Area Medical Officer (address on page 60).
Convalescent Treatment.	A period of recuperative convalescence may be arranged for persons whose doctors consider they need it. Patients are required to contribute towards the cost of such convalescence in accordance with their means. Requests for this service must be made by the patient's family doctor or hospital and addressed to the County Medical Officer of Health, Shire Hall, Warwick, or to the appropriate Borough Medical Officer. All requests must be accompanied by brief medical details of the case.
District Nurses.	Cover all districts for nursing the sick of all ages in their own homes. Addresses and telephone numbers are shown in telephone directories under the heading " <i>Nurses.</i> "
Health Visitors.	Are appointed to cover all districts, to give advice about the care of mothers and young children and social problems affecting any member of the family. They also act as school nurses and health visitors for infectious diseases.
Home Helps.	This service exists to provide help in the home when the mother is ill or is being confined at home, or when required by lone or aged and infirm persons. A charge is made for this service at present, but this may be remitted, wholly or partially according to means. Application should be made to the Borough or Area Medical Officer (address on page 60).
Loan of Nursing and Sick Room Requisites.	A wide range of articles are available for loan to households where there is a sick person. Usually the patient's hospital or medical practitioner will arrange any necessary loan, but personal application may be made to the Borough or Area Medical Officer (address on page 60). There is no charge for this service.
Maternity Outfits.	Are supplied in all cases of domiciliary confinement. Midwives distribute them from their stock to all booked cases. Where private midwives are engaged, application for outfits must be made to the County Medical Officer of Health, Shire Hall, Warwick, or to the appropriate Borough Medical Officer, and a certificate of pregnancy signed by the patient's doctor must be enclosed.
Mental Health.	Mental Welfare Officers and Social Workers are appointed to cover all districts, to assist with arrangements for admission to hospitals, and to supervise and advise upon the well-being of the mentally disordered in their own homes. Enquiries should be made of the family doctor, the Mental Welfare Officer, the Borough or Area Medical Officer or the County Medical Officer of Health, Shire Hall, Warwick.

Midwives.	Are appointed to cover all districts for the conduct of home confinements. Addresses and telephone numbers are shown in telephone directories under the heading— <i>"Nurses"</i> .
Occupational Therapy.	A scheme exists whereby persons confined to bed or to their homes, suffering from injury or illness of some months duration, or from tuberculosis, may be supplied with materials with which to occupy their time in making various articles of their choice. Materials supplied at cost price but may be free in necessitous cases. Enquiries should be addressed to the local District Nurse, the Health Visitor at the nearest Welfare Centre, or to the Borough or Area Medical Officer (address on page 60).
Private Nursing and Maternity Homes and Nursing Agencies.	Persons desiring to open private nursing and/or maternity homes or to set up Nursing Agencies must first apply for registration to the County Medical Officer of Health, Shire Hall, Warwick.
The Illegitimate Child and its Mother.	The Health Committee employs a Social Worker, whose duties include the giving of assistance and advice where such is needed by mothers of illegitimate children. An Ante-natal and Post-natal Hostel is also maintained by the Committee in which, in certain cases, mothers normally resident in this County may be sheltered for a short time before and, if necessary, after the birth of an illegitimate child. Enquiries should be addressed to the County Medical Officer of Health, Shire Hall, Warwick, at the earliest possible date before confinement is due.
Tuberculosis.	There are Chest Clinics in most Areas of the County. Patients attend these Clinics on the recommendation of their family doctors.
<i>Extra Nourishment for T.B. patients.</i>	Additional supplies of milk, eggs and butter may be supplied free of cost to tuberculous patients who cannot afford to pay for these items themselves. Application for this type of assistance should be made to the Chest Clinic.
Vaccination.	Parents who desire their children to be vaccinated against Diphtheria, Whooping Cough, Tetanus, Smallpox, Poliomyelitis, Measles and Tuberculosis, should apply to their family doctor, their nearest Health Clinic (address on pages 27/28) or to the Borough or Area Medical Officer (address on page 60). Vaccination against Poliomyelitis is available also to expectant mothers and to all persons up to 40 years of age. Applications should be made as for children.
Welfare Foods.	(National Dried Milk, orange juice and cod liver oil). The principal distribution points are the Child Health Clinics listed on pages 27 and 28. Information about other distribution points may be obtained from the Borough or Area Medical Officer (address on page 60).
General County Health Services.	General queries not covered by the above should be referred to the County Medical Officer of Health, Shire Hall, Warwick.